REPORT RESUMES

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OUT-OF-SCHOOL CLINICAL AND GUIDANCE CENTERS FOR DISADVANTAGED
PUPILS IN NON-PUBLIC SCHOOLS.
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AN EVALUATION WAS MADE OF A PROGRAM WHICH PROVIDED PROFESSIONAL CLINICAL AND GUIDANCE SERVICES TO DISADVANTAGED NONPUBLIC SCHOOL PUPILS TO DEVELOP THEIR EDUCATIONAL MOTIVATION, PERSONAL ADJUSTMENT, DEVELOPMENT OF SELF-WORTH, AND "WHOLESOME MENTAL HEALTH." CLINICAL CENTERS WERE OPENED TO PROVIDE A RANGE OF PROFESSIONAL SERVICES, AND A TEACHER-TRAINING PROGRAM WAS DEVELOPED WHICH STRESSED CLASSROOM MENTAL HEALTH PRACTICES AND SOUND MENTAL HYGIENE TECHNIQUES. THE EVALUATION WAS BASED ON OBSERVATIONS, INTERVIEWS, SURVEYS, AND OTHER DATA. PRAISING THE ORGANIZATION AND ACHIEVEMENTS OF THE PROJECT, AND URGING ITS CONTINUATION AND EXTENSION, THE REPORT OFFERED SOME RECOMMENDATIONS--(1) BETTER COMMUNICATION BETWEEN CENTERS AND NONPUBLIC SCHOOL PERSONNEL IS NEEDED, (2) THE CENTER STAFF SHOULD BE ACQUAINTED WITH THE CULTURAL AND RELIGIOUS BACKGROUND OF THE GROUPS THEY SERVE, (3) THE NATURE OF THE CLINICAL AND GUIDANCE SERVICES NEEDS CLARIFICATION, RECRUITMENT OF STAFF MUST BE INTENSIFIED, AND EFFORTS SHOULD BE MADE TO FIND MULTILINGUAL STAFF, (4) OTHER SUGGESTIONS DEAL WITH SITES, FACILITIES, SCHEDULES, AND ADMINISTRATIVE DETAILS. APPENDIXES INCLUDE THE ORIGINAL PROJECT PROPOSAL, LISTS OF SCHOOLS AND STAFFS, EVALUATION INSTRUMENTS, TABLES, AND THE EVALUATION PROCEDURE. (NH)

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Out-of-School Clinical and Guidance Centers for Disadvantaged Pupils in Non-Public Schools

Dr. Dorothy Davis Sebald
Research Director

August 31, 1966

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Report of Evaluation Committee

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I. STATEMENT OF PROJECT PROPOSAL *

Under Title I of Public Law 89-10 entitled the Elementary and Secondary School Act of 1965, the Board of Education of the City of New York was empowered to provide a program of clinical and guidance services to pupils of non-public schools located in disadvantaged areas. The proposed program was the sixth in a series of projects and was entitled Project VI, Title I, Out-of-School Clinic and Guidance Centers for Disadvantaged Pupils in Non-Public Schools.

The program was designed to offer professional clinical and guidance services to pupils in non-public schools similar to those offered to disadvantaged children in public schools in New York City. The non-public schools selected for inclusion in this project are in "attendance areas" with high concentrations of low income families and enroll many disadvantaged children who require special educational services. A list of the non-public schools participating in this project is appended.

The nature of the project was determined by certain needs of pupils which, in many instances, were not being met in non-public schools in disadvantaged areas. These needs are those of all children--educational motivation, personal adjustment to family and community, development of the concept of self-worth, and wholesome mental health. In the City of New York services are provided in the public schools which are designed to met these needs; in many of the non-public schools in disadvantaged areas of New York these services are not available. The disadvantaged

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*At the request of the Center for Urban Education an abridged version of the Project Proposal is included in this evaluation report.

child in the non-public school is often in a large class with a teacher who is unable to spend sufficient time with individual children to prevent learning difficulties or the emotional problems which arise therefrom, and does not have sufficient access to trained clinical and guidance personnel. It was, therefore, proposed that clinical and guidance services be provided to the disadvantaged children in non-public schools through three types of activity:

1. Teacher training courses offered in centrally located public school buildings by personnel from the Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance for staff members of non-public schools.
2. Clinical and guidance centers established in needed areas. These centers were designed to provide diagnostic and remedial assistance with both educational and emotional problems for individual children and to provide opportunity for work with parents in promoting pupil adjustment. All personnel of the centers were professionally and appropriately trained for the functions outlined in the project proposal.
3. Orientation provided for both the staffs of the non-public schools and the professional personnel of the centers and designed to acquaint them with the philosophy of the program and the needs of the population to be served. These sessions were designed to be conducted jointly by the personnel of the non-public schools and the two Board of Education Bureaus which were involved in this project.

The broad objectives of the project were to provide clinical and guidance services to disadvantaged children in non-public schools by the establishment of centers where such services could be offered by professionally trained personnel and to establish classes, conducted by personnel skilled in teacher training and knowledgeable in psychology and guidance and designed to develop and foster the understanding of good mental health practices by the teachers in the non-public schools. Specific objectives of the project were:

1. A teacher training program designed to stress the importance of the teacher's role in maintaining mental health practices in the classroom and to provide training in mental hygiene techniques. Among the skills developed were the recognition by the classroom teacher of the potential abilities of her pupils, her ability to identify pupils with special needs (intellectual, physical, social or emotional), and to establish a wholesome classroom climate conducive to learning.
2. The establishment of clinical and guidance centers to serve the special needs of children who have been identified as requiring the attention of professional clinical or guidance personnel, because of educational, social or emotional problems of adjustment. Some of the major objectives of the centers were:

- a. Diagnosis and educational placement
  - (1) testing, interviewing and screening
    - (a) for referral to outside agencies
    - (b) for placement in special educational programs
    - (c) for placement within the school setting
  - (2) recommendations to administrators, supervisors, and teachers concerning placement of individual children
  - (3) general diagnosis of suspected personality maladjustment
- b. Provision for on-going services to children such as
  - (1) follow-up of referrals and recommendations
  - (2) provision of supportive, short or long term clinical or guidance assistance
- c. Work with parents
  - (1) to provide information concerning the availability of community resources
  - (2) to acquaint them with the processes of physical and emotional development of children and their relation to educational, social and emotional problems
  - (3) to enable parents to be more effective in their relationships with their children

3. Orientation sessions designed
   - a. to acquaint the clinical and guidance personnel of the centers with the educational philosophy, practices and needs of the non-public schools
   - b. to acquaint the staffs of the non-public schools with the services to be provided by the centers
   - c. to develop effective means of communication, referral and follow-up.

The procedures developed to implement the project were both broad and detailed. Broad procedures were used to ensure that all centers and all teacher training classes were of the same high quality; specific procedures were used to meet individual needs of centers and classes.

Teacher training sessions were conducted at centers in Manhattan, Brooklyn, Queens and the Bronx. Two three-hour sessions were held each week with instructors from the Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance alternating in the leadership of the classes with a supervisor from each of the Bureaus charged with orienting the instructors and coordinating the program.

The afternoon clinical and guidance centers were located in areas of greatest concentrations of disadvantaged, non-public school children and provided for elementary school children mainly, although secondary school children sometimes were serviced. The centers, housed in public schools, had the services of a basic team consisting of one center coordinator, two guidance counselors, one social worker, one psychologist, and one part-time psychiatrist for every six hundred pupils or part thereof. Smaller or larger units were staffed on a proportionate basis. The center coordinator was selected jointly by the coordinators of the two Bureaus and was either a social worker, a guidance counselor or a psychologist. Each center was provided with a secretary. Eight field supervisors of guidance counselors, twelve supervisors of psychologists, and twelve supervisors of social workers were assigned to the project and were responsible directly to the program directors. Each center operated for a period of three hours during the evening for a maximum of three evenings each week.

Fifty sessions of supervisory time (three hours each) were provided for screening, recruiting and organizing the clinical and guidance centers. Fifteen sessions (three hours each) of secretarial time were alloted to support this function. A full time supervisor from each of the two Bureaus was assigned to coordinate the entire program. A stenographer was provided for each.

Orientation sessions of two types were provided; one session of three hours was arranged for the non-public school personnel and one session of three hours for the staff members of the centers. Provision was made for additional orientation sessions if deemed necessary.

Records and reports were included as an essential procedural function. Each member of the professional clinical and guidance team maintained a daily log of his activities which served as a summary of the activities at the center. In addition, records of questionnaires and interviews with pupils, teachers, administrators, supervisors, parents and others were maintained. The facilities used by the centers were those available in the public schools for their on-going activities

An evaluation was included as an integral part of the project and was intended to be maintained for the duration of the project; however, for the school year 1965-1966 an interim evaluation was undertaken. The Superintendent of

Schools and the Board of Education of the City of New York, believing that this project should be evaluated by an established educational research agency, designatec the Center for Urban Education for this function. Final plans for this evaluation were submitted to the appropriate state and federal authorities to become a part of the project.

As guides for the evaluation of this project the following suggestions were offered:

1. the extent to which the centers were utilized
2. the extent to which they provided tangible results in their service to children and teachers.

It was suggested that these data could be obtained through an examination of the daily logs of the professional personnel of the centers and through interviews with and questionnaires from non-public school personnel, parents and children.

The evaluating team observed the functioning of the project with a view toward providing a judgment of its effectiveness. The evaluating team was experienced in clinical and guidance procedures and in the supervisory aspects of these disciplines.

The information obtained in this project will be disseminated to other school systems on a national basis. To this end the following media will be utilized: articles in professional journals, reports to the established Research Exchange of large city research bureaus, representation at local and national professional conferences and conventions, and reports to pertinent state and federal agencies.

The non-public schools included in this program are in impacted poverty neighborhoods and contain children of different ethnic groups. It is hoped that this project will help to counteract the effects of segregation through the amelioration of social, educational and emotional difficulties.

New York City Schools have cooperated with the Office of Economic Opportunit in such programs as Operation Head Start and in summer recreation programs and the Neighborhood Youth Corps. Such cooperation will continue during the development of this project.

II. EVALUATION DESIGN

On April 25, 1966 the Center for Urban Education, designated by the Board of Education of the City of New York as an established, impartial educational research agency, appointed a committee charged with responsibility of observing, describing, reporting and evaluating the clinical and guidance services provided for disadvantaged pupils from non-public schools in New York City in areas described as affecte by federal activity in Public Law 89-10, Title I, the Elementary and Secondary School Education Act of 1965. The clinical and guidance services to be evaluated were those offered by the Board of Education of the City of New York through Project VI, Title I, entitled Out-of-School Clinical and Guidance Centers for Disadvantaged Pupils in Non-Public Schools and hereafter referred to as "Project VI."

The committee consisted of persons professionally trained in educational or clinical psychology, experienced in research, and presently or formerly engaged in supervisory or administrative capacities. All were skilled in interviewing techniques and in objective reporting.

The following persons comprised the committee:

Chairman:	Dorothy Davis Sebald, Ed.D., Professor and Coordinator, Area of Special Services, Teacher Education Program, Hunter College of the City University of New York.
Members:	Robert E. Doyle, Ph.D., Associate Professor and Chairman, Department of Counselor Education, St. John's University. Gordon Fifer, Ph.D., Associate Professor and Coordinator of Institutional Research, Hunter College of the City University of New York. Bernard Katz, Ph.D., Associate Professor, School of Education, New York University.

Bertram Kirsch, Ph.D., Psychologist in private practice, formerly Director of Psychological Services for the Evaluation and Counseling Program for Retarded Children, Connecticut Health Department.

John D. Van Buren, Ed.D., Assistant Professor, Department of Counselor Education, Hofstra University.

The evaluation design was submitted on May 6, 1966 to the Cente for Urban Education for its information and approval, and to a joint meeting of the evaluation committee and representatives from the Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance of the New York City Board of Education. An interim report of progress in evaluation was presented to the same group on June 20,1

A. Objectives

1. to ascertain whether the actual implementation of the project fulfilled the objectives of the Project VI proposal and the intent of Public Law 89-10.
2. to ascertain whether the operation of the Centers was in accordance with the procedures outlined in Project VI.
3. to ascertain whether the clinical and guidance services provided by the Centers met the expectations of the principals of non-public schools in meeting the needs of pupils in those schools.
4. to ascertain the extent to which the Teacher Training Program met the objectives outlined in Project VI for this aspect of the program.
5. to test the degree of understanding and cooperation between the staffs of the project Centers and the staffs of the non-public schools.
6. to discover strengths and weaknesses of the project with a view to emphasizing strengths and correcting weaknesses.
7. to report objectively the findings obtained through observation, interview, survey and study.
8. to suggest and recommend possible changes in implementati of the project.

B. Methodology

1. Observation

Eighteen centers were visited by members of the evaluatin committee to observe the facilities and equipment provided, the professional climate of the center, the interaction of staff members, the type of pupil serviced, the type and extent of record-keeping, and the over-all operation of the center.

Eighteen corresponding non-public schools were visited, some while the school was in operation, others after school hours. Although these visits were for the purpose of interviewing principals and non-public school staff members, there was opportunity for observing facilities and equipment, the type of children attending the school, and differences in religious and/or cultural mores.

2. Interview

a. Principals of selected non-public schools were interviewe

(1) to gain information concerning their expectations of the services to be offered by the Centers, their perceptions of the needs of pupils in non-public schools in disadvantaged areas, and their experience with and knowledge of the clinical and guidance services to be offered by the Centers.

(2) to ascertain the parental and community awareness of the existence of the Centers and the services available for non-public school children.

(3) to gain insight into the results expected by the principals from their participation in Project VI for both the pupils and the staff of the non-public school.

b. The professional staffs of eighteen centers were interviewed to obtain their perceptions of the structure, organization and operation of the Center to which they were assigned; their evaluation of the contribution made by the Center to the emotional, social and/or educational adjustment of non-public school pupils; their evaluation of the contribution of the Center to the teachers from non-public schools, and its involvement with and contribution to parents of non-public school pupils.

c. Supervisors from selected center districts were interviewed to obtain their supervisory evaluations of the Centers for which they were assigned responsibility in order to obtain a broader regional and cultural perspective than was possible in individual Centers.

3. Survey

Three types of survey were used in the evaluation of Project VI. The first two were mailed questionnaires and the third was a questionnaire used by the director of the Teacher Training Program as an evaluation of the in-service program offered to teachers from non-public schools.

a. A questionnaire was mailed to all professional staff members as a means of obtaining their evaluations of the clinical and guidance services provided by the Centers to pupils from non-public schools.

b. A questionnaire was mailed to each principal of a participating non-public school and to each member of the non-public school staff who participated either by referring pupils to Centers or in attending the Teacher Training Program to obtain their evaluation of the project.

c. A questionnaire was distributed to each non-public school teacher participating in the Teacher Training Program by the director of Teacher Training. These questionnaires were made available to the evaluating committee for study and analysis.

4. Supplemental data *

a. Number and locations of proposed and actual Centers with reasons for difference in number.

b. Staff (with professional identity) for each Center.

c. Number of children from non-public schools who were serviced at each Center with type of service provided (clinical, social, guidance or combination of these) and number of contacts for each pupil.

d. Number of parents interviewed at each Center with type of service provided and number of contacts for each parent.

e. Description of the various services provided at each Center.

f. Number of contacts between Center staffs and principals and teachers of non-public schools.

*Supplied by the Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance, Board of Education of the City of New York

III. FINDINGS

A. Implementation of the project

The implementation of Project VI, Title I, Out-of-School Clinical and Guidance Centers for Disadvantaged Pupils was an assignment of great magnitude and complexity; the co-directors of the project, Mrs. Marion Fullen, representing the Bureau of Educational and Vocational Guidance, and Dr. Richard Johnson, representing the Bureau of Child Guidance, are to be highly commended that through their creativity, organizing ability, skill in inter-personnel relations, and professional competence the project was brought into being and carried to a satisfactory conclusion. The implementation of this project was a particularly delicate task because it required the cooperation of two distinct entities--the public and the non-public schools--and because this cooperation was in an area heretofore unexplored.

Such cooperation presumed the willingness and ability of personnel from non-public schools and public schools to try to understand the educational aims, values, aspirations and procedures of the other in an effort to provide for disadvantaged children in non-public schools the clinical and guidance services available to children in public schools.

The project, innovatively designed and imaginatively organized, was in operation approximately two months. During this time more than five thousand interviews were held with disadvantaged children and their parents. The number of interviews alone attests to the great need felt by the non-public schools for services of this nature and to the need felt by parents who were willing to allow their children to be interviewed and treated for the alleviation of educational, social and emotional problems.

That there were problems--both large and small, serious and trivial--was inevitable. That these problems were resolved in so many instances without rancor, without serious misunderstandings, and without serious disruptions of the ongoing work of the Centers was most remarkable.

Persons who participated in the project were refreshingly outspoken in their evaluation of it. Whether or not they agreed with all procedures, organization, or operation of the project, they were overwhelmingly in favor of its continuation and were vocal concerning ways in which they thought the services might be improved. There were almost no lukewarm evaluations. The major emphasis in the evaluations seemed to be on the provision of more and better services for the children.

The location of sites for the centers was one of the first problems that arose and seemed to evoke more comment and suggestions than any other factor in center operation. The location of sites for the centers was an early decision of the Board of Education of the City of New York which decreed that the centers be located in public schools in close proximity to the participating non-public schools. The participating schools, located in disadvantaged areas, were identified by demoninational groups which were encouraged to submit names and location of schools under their jurisdiction to avail themselves of the services provided by the project. As these schools became identified, the nearest public school was designated as a center to serve its clinical and guidance needs; in the case of a center serving two or more non-public schools, a public school equidistant from each was so designated.

The location of the centers, although based on a sound principl of assuring proximity to the non-public school and in keeping with the implementation of the project by the local board of education, nevertheless led to a series of problems, one stemming from the other. The first and most crucial problem centered around the decision to locate centers in public schools. Although judgment on this decision is outside the province of the evaluating committee's responsibility, the effects of the location must be commented upon because they became basic to the evaluations made both by non-public school and public school personnel of the services rendered by the centers.

Most, if not all, of the schools participating in this project were parochial schools of various religious denominations. There was concern among some of the denominations that pupil participation in services offered in public school centers might serve to attenuate the cultural and religious teachings of the denominational schools and that parents of the pupils might be reluctant or refuse to avail themselves of services offered in the centers. In addition, some of the leaders of various denominations indicated that the center staffs, despite their professional competence, might have incomplete knowledge and understanding of the religious and cultural backgrounds of the children to be served and therefore would be unable to help them maximally. For these reasons one religious group which originally had indicated its intention to participate in the project withdrew from participation shortly after the establishment of the centers.

With the withdrawal of these ten schools, fifty-six clinical and guidance centers serving sixty-two non-public schools became operative in the five boroughs of New York. Five of these centers were located in Manhattan, four in the Bronx, ten in Queens, two in Richmond, and thirty-five in Brooklyn. The Diocese of Brooklyn requested clinical and guidance services for the majority of its parochial schools located in disadvantaged areas; this resulted in the preponderance of centers in the borough of Brooklyn.

Another problem related to the location of the centers involved proximity to non-public schools. Where the nearest public school was well maintained, on a well-lighted street, in a neighborhood relatively free from probability of molestation, with adequate facilities for clinical and guidance services, and in a building considered by pupils, parents and staff members of the non-public school to be "good" or "friendly" or "desirable," the acceptance of the public school center by the non-public school was excellent.

In those instances where centers were in school buildings unsuitable or inadequate for the services to be offered--in poorly maintained buildings, in areas not easily accessible to public transportation, in neighborhoods with high incidence of crime, or in a building considered by the non-public school staff and pupils to be "bad" or "educationally poor" or "undesirable"--the reaction to the center was negative, even though the public school was in close proximity to the non-public school.

The physical facilities of the centers were acceptable in most cases. Where principals of the public schools in which centers were located were sympathetic to the project and unusually cooperative in allocating rooms and facilities, the centers were able to function more effectively. The best physical situation appeared to be where a guidance plant existed in the school and was allocated to the center for its use.

Unfortunately, in adhering to the regulation of proximity, it was necessary for some centers to be located in schools whose physical facilities did not provide sufficient space for counseling, testing or for the administration of the center. In one instance parents sat on stairs while waiting to be interviewed; while effective service was rendered to parents and children at this center, it was only the ingenuity and competence of the staff in overcoming serious limitations of space that made this possible.

Materials and equipment for the centers had been selected and ordered for the centers well in advance of the opening date, but most materials were not received by the centers during their operation. Because of this it was necessary for center coordinators and staff to improvise, borrow, and use their own equipment and materials for the operation of the centers.

The materials ordered for the management of the centers were practical, appropriate and economical, with each center alloted identical materials. Lists of equipment and materials appear in Appendix B. The list of equipment authorized for each center for use by the psychologist was compiled by the Bureau of Child Guidance and, like the materials ordered by the Bureau of Educational and Vocational Guidance, were ordered for each center without consideration of its special needs. Unfortunately, none of the psychological equipment and materials was delivered while the centers were in operation; it was necessary for the psychologists to transport heavy and cumbersome materials and equipment to the centers in order to meet the needs of pupils.

The operational structure of the project had been carefully planned and was responsible, through its organization and procedures, for the attainment of the aims and objectives of the project. The out-of-school clinical and guidance centers were designed to offer services to non-public school children living in deprived areas through the processes of diagnosis, referrals, treatment and consultations with teachers and parents. To accomplish this aim staffing patterns became the first step. Center staffs were designated as teams, consisting of a coordinator, two guidance counselors, one psychologist, one social worker, and a part-time psychiatrist.

In order to staff the 56 centers it was necessary to recruit 56 coordinators, 112 guidance counselors, 56 psychologists, 56 social workers, and approximately 11 psychiatrists. Because of the shortage of professional personnel for part-time positions and difficulties of recruitment, the actual number of persons recruited was 56 coordinators 107 guidance counselors, 48 psychologists, 51 social workers and 3 psychiatrists. It is important to note that while all of the coordinators and most of the guidance counselors were able to work in the centers during the entire hours of operation, many of the clinical personnel were available only one or two nights a week for part-time service. Such part-time participation by clinical staff resulted in unbalanced teams in many centers. Eighteen centers did not have the services of a psychologist, fifteen did not have the services of a social worker, and eleven had no clinical personnel whatever. There were only three psychiatrists actually working on the project, leaving a large number of centers without this valuable service.

While the project description called for eight supervisors for guidance personnel, twelve for psychologists, and twelve, all of whom were directly responsible to their respective project directors, the committee found that there were eighteen guidance supervisors, seven supervisors for psychologists and three for social workers. Recruitment and selection of center staff were made possible only by the concerted efforts of the Bureau of Child Guidance, the Bureau of Educational and Vocational Guidance and the administrative staffs of the New York public schools.

The hours of service for the centers were from six p.m. to nine p.m. No other aspect of the project raised so much divergence of opinion except the location of the centers. Because of the strong feelings expressed, considerable attention is given to this point in the discussion of respondents' reactions.

B. Evaluation of Centers as Revealed by Interviews*

As part of the evaluation process interviews were held with staff members of eighteen selected clinical and guidance centers and staff members of the corresponding non-public schools. At each center interviews were held with the coordinator and a representative of each discipline. In addition, interviews were held with eight supervisors. At the corresponding non-public schools interviews were held with the principal and at least one teacher who had made a referral to the center and one teacher who had attended the teacher training program. The purpose of these interviews was to obtain the reactions of the personnel who were involved in the operation of the centers. A summary of the findings of those interviews follows.

The innovation of providing within a school setting the integrated services of a clinical and guidance team to meet the needs of disadvantaged children in the fullest measure represented a novel approach to guidance and mental health practice. Inherent in the implementation of such a program are certain problems of definition of professional roles, lines of authority, functions of the center, and the limitations of service.

Philosophy of the Program

In any program of this type, a well defined philosophy of operation needs to be known to all personnel and must permeate the entire project from its inception to the actual handling of cases. In this project, however, interviews with center personnel revealed that some thought the goals and objectives of the program were vague, and others indicated a desire for a more clearly defined philosophy.

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*Interview guides appear as Forms 1, 2, 3, 4 in Appendix C.

There was some confusion about the specific function of the centers. If the services were to be a school-oriented clinical and guidance program, then the location of the center and the hours of operation seriously hampered this; hence many of the centers adopted the role of a mental health clinic, operating as a separate agency. In this type of operation the guidance counselor found it necessary to define a new and unique role for himself, and frequently was disturbed about his lack of opportunity to establish an effective relationship with the personnel of the referring school.

Because the definition of role and the lines of authority were being evolved during the operation of the centers, confusion and uncertainty were noted at certain centers. The most effective centers were those in which the professional staff were able to agree rather quickly upon a system of philosophy, objectives and role functions within which each member was able to work comfortably.

The seeming lack of policy statements on the objectives of the centers caused some problems in the handling of cases. Many of those interviewed were quite concerned about the range, depth and extent of diagnosis and treatment of children and parents. These concerns were revealed in such questions as: 1) "Should the center become involved with therapy, either short or long term?" 2) "If so, what restrictions should be made?" 3) "Many of the cases require intensive parent counseling; how far should we go in such cases?" 4) "Should we accept cases that require long term counseling?"

Articulation Between Non-public Schools and Center Staffs

Interviews with the professional personnel revealed that they knew very little about the philosophy and operational procedures of the non-public schools. They reported having received very little information during the orientation sessions which preceded the opening of the centers concerning this aspect of their work and had received instructions that the non-public schools were not to be visited. Although it is the committee's understanding that the prohibition on visiting the schools was later relaxed, a number of staff members, even during the last weeks of center operation, were still under the impression that the instruction was in effect and had neither visited the sending school nor gained information about them in other ways.

Many persons who were interviewed had indicated that there was little communication between the staff members of the non-public schools and the guidance centers. Frequently, after an initial meeting between the center staff and the teachers of the non-public school held at the center, no further contact was made. This lack of personal contact bothered many staff members who felt that they should observe the children in their day-to-day school environment and hence should have the opportunity to visit the sending schools. They wanted to talk with teachers about their referrals and indicated a need to be thoroughly familiar with the sending schools in order to make meaningful recommendations.

The more effective centers tended to be those whose staff members had some prior knowledge of the sending schools, knew the communities in which the schools were located, took the initiative in visiting the schools, and had ongoing, personal contact with teachers from the sending schools.

The Referral Process

Many of the professional staff members indicated that the separation of the center from the sending school made the referral process cumbersome, sometimes superficial, and in definite need of refinement. The referral forms usually were mailed to the center and contained the pupil's name, address, and the reason for referral. There was divergence of opinion among the staffs of some centers as to the adequacy of the information received on referrals. Some stated that they received ample information while others indicated that the forms contained poor or no descriptions, no anecdotal records, and no test data. Center staff members seemed to feel that there was a direct relation between physical separation, lack of communication and effective referral procedures. In those centers where communication problems were minimal the referral procedures were considered good.

In some instances great ingenuity was manifested by both the center and the sending school staff in developing referral forms and referral procedures, with either the sending school or the center initiating the work of referral. In these cases there was continuous contact between the sending school and the center staff, for the most part during the free time of the center staff.

There appeared to be several problems encountered by the sending schools in making referrals. First, there was lack of sophistication on the part of teachers in making referrals of any kind.

Second, many of the sending schools had insufficient clerical help, and hence additional paper work was a burden to the sending school staffs. Third, a number of teachers indicated that there was resistance among the parents to sending their children to a center not associated with the non-public school. Fourth, some children felt threatened by a referral to a center outside their familiar school environment.

Many of the sending school staffs indicated that they had received very little information from the centers about the children referred and in some cases had no idea whether children referred actually had been seen at the center, when they were seen, or what action had been taken. Some center staffs indicated that on their part they did not know what policy to follow in feedback to sending school staff, nor what opportunities which sending schools had for implementing any recommendations that might have been made by the center staffs. On the other hand, some center staffs made extraordinary efforts to minimize the communication problem and gave continuous and complete feedback to the sending schools. In these cases the sending schools received complete, up-to-date reports, both written and oral on all referrals.

Working Environments

A. Location of Centers

Respondents reported that the location of centers outside the non-public school lessened the effectiveness of the program and created problems in the communication process. The staff personnel who thought that the program should be a "school-oriented" one, thought that the center should be located in the non-public school. They gave the following reasons:

1. They needed ongoing contact and day-to-day dialogue with the teaching staff. They needed to see and feel the climate of the school and classroom and to become familiar with the philosophy and daily operation of the non-public school.
2. Children would be in a familiar environment and would not feel a sense of rejection or punishment in being sent to an outside school.
3. Parents would be better able to accept clinical and guidance services for their children in a familiar environment and would be more willing to participate in the entire program.
4. The center would have immediate access to records and the problems of transfer of records would be eliminated.
5. The professional personnel would be better able to make specific and meaningful recommendations for handling children within the school setting.

Both center and sending school staffs who believed that the center should operate as a "mental health clinic" tended to feel that the location of the center was not a major problem and that the problems encountered in referrals, records and communication were those indigenous to any independent agency.

B. Hours of Operation

The majority of respondents indicated that the hours of six p.m. to nine p.m. for center operation were rather poor for children, parents and themselves, and felt that they should be changed. They gave the following reasons for need of change or flexibility:

1. Communication between the centers and the sending schools would be facilitated if center hours could be either during the day or immediately after the close of the school day. During these hours the sending school could be contacted by phone or by personal visit. Certain religious groups have prohibition against travel during evening hours. Lay teachers are not available at night; many teachers of the sending schools are involved in other projects such as graduate study.

2. The hours, 6-9 p.m., are not good for working with small children. Psychologists felt that testing during these hours did not give the children an advantage and that testing done during these hours might be considered invalid. To some children returning to a strange school at night seemed punitive. For children who did not live in the area of the center and were bussed to a non-public in that area, referral was not possible; in this case children in need of help could not receive it.
3. Where centers are located in particularly bad areas fewer cases will be seen during the winter months when darkness falls earlier and when children and parents will not travel during the hours of darkness.
4. The present hours are in conflict with the meal hours of many families; particularly where there are small children at home, it is impossible for a child to be brought to the center during this time.
5. Contact with agencies is virtually impossible during these hours.
6. Physical strain of being away from home three evenings a week until 9:30 or 10:00 p.m. in addition to a full time position would be too great for most staff members if centers continued for the full academic year.

Some staff members commented favorably on the hours because of the opportunity to interview parents who otherwise would be unable to attend the centers.

The following suggestions for alternative hours of operation were made by staff members:

1. Have the centers open on Saturdays when children who live at some distance from the center and parents could be seen.
2. Operate the present centers from three to six o'clock.
3. Vary the hours of operation from three to six o'clock for two days and six to nine o'clock for an additional day so that parents might be seen.
4. Operate the center during the school day, if not for three days a week, perhaps one day a week.
5. Assign one member of the center staff as liaison with the non-public school during the regular school day, perhaps as a guidance counselor working in the non-public school.

C. Physical Facilities

As stated in the report of project implementation, center staffs had little control over facilities allocated to them, and many centers functioned under conditions which most generously can be described only as minimal. In regard to the facilities respondents made the following observations:

1. Physical Plant

   Unless the center was located in a More Effective School the facilities were generally inadequate for a clinical and guidance center. Classrooms were used for counseling and testing offices, and frequently there was no appropriate reception room for persons waiting to be seen Wherever the school principal usually was cooperative or where one staff member worked in the same building during the day, less difficulty was experienced in utilizing the available facilities.

   The buildings were reported as well secured, and there were numerous comments concerning the cooperation of janitorial staff.

2. Supplies and Equipment

   The center staffs showed remarkable ability to perform their functions with minimal equipment. Because of non-receipt of supplies or equipment, it was necessary to borrow supplies from schools or to use personal equipment. An additional major problem was the lack of facilities to store records. For security reasons most coordinators found it necessary to carry records home with them each night and to use the trunks of their cars for storage.

   Most respondents felt that the supplies which had been ordered would be adequate for the needs of the centers although some expressed thedesire to have special equipment and supplies for special needs.

D. Staff Relationships

The majority of the professional staffs interviewed thought that the staff relationships in the centers were excellent. The very isolated cases of personality differences that arose were resolved by transfer of personnel or by mature, professional handling of the situation by center staff involved.

There were mixed reactions concerning the balance of the disciplines represented in certain centers. Some center staffs expressed the feeling that the center was over-staffed with guidance counselors; many center staffs felt that additional clinical personnel were sorely needed.

One of the strongest assets of the centers appeared to be the experience gained by staff members working together as a pupil-personnel team. Since many centers operated as a mental health clinic rather than a school guidance program, many members were challenged by new concepts of their role. The bringing together of the three disciplines provided new experiences in team work and presented both challenge and opportunity for developing better integrated pupil-personnel services.

A number of the professional personnel believed that the program was top heavy with supervisory personnel. Several persons indicated that supervision of each discipline need not be so marked, and that perhaps supervision could be interdisciplinary at the district or borough levels.

A number of respondents spoke of the contribution that other than professional personnel had made to the operation of the center. In one case, the secretary proved to be a key liaison person because of her knowledge of the community and her ability to contact the sending school during the day. In other cases the excellent cooperation of the custodian was noted.

The Teacher Training Program

Reactions to the Teacher Training Program appear in another section of the committee report, and so are not included here.

Summary

A. Evaluation of Sending School Staffs

The sending school personnel interviewed had mixed reactions to the centers. Some thought that the centers made a significant contribution to the children of their schools, while others felt that the centers were of limited value. They were uncertain frequently as to the function and purpose of the centers; questions were raised concerning whether the center was to be a family-oriented mental health clinic or a school-oriented guidance program. They indicated that both types of services were needed by their schools. They also raised the question that if the services were to be school-oriented professional services, then can an out-of-school evening program really offer services which are comparable to the services provided to disadvantaged children in public schools, or do they differ in terms of accessibility, quality and implementation of services?

The sending school personnel indicated that the articulation of the program needed improvement. They suggested such things as:

1. change of hours of operation
2. change of location
3. a sending school liaison, perhaps a guidance counselor assigned to the sending school on certain days
4. more frequent meeting with the center staffs.

B. Evaluation of Center Staffs

The center staffs also had mixed reactions to the program. Some thought that they had made valuable contributions to the children and parents of the sending school, while others thought that they had been able to make only limited contributions. While all recommended a continuation of the program, many felt that revisions would improve

the services. The following revisions were suggested:

1. Clarification of the purposes of the centers
2. Clarification of the roles of the professional staffs, particularly that of the guidance counselors
3. Flexibility in hours of operation
4. Provision of more publicity for the program
5. Establishment of interdisciplinary supervision at the district or borough level
6. Improvement of the communication process with the non-public schools, accomplished by
    a. having work-shops and seminars at the centers for the sending school staff
    b. encouraging staff members to visit the non-public school
    c. having one person from the center staff work in the sending school
    e. operating the centers during the summer
    f. opening the services of the center to all disadvantaged children whether from public or non-public schools.

C. Reactions to the Project as Revealed Through Questionnaires

One aspect of the evaluation design was the development of questionnaires to be sent to all participants in the project. Two versions were constructed: one intended for center staffs and supervisors, the other for the non-public school administrators and teachers. These appear in Appendix C as forms 5 and 6 respectively. The questionnaires were reproduced and distributed by the Center for Urban Education.

The following response was received in the questionnaire survey:

Center Staff	Number in Project	Number Received	Percentage Response
Supervisors	28	12	43%
Center Coordinators	56	36	64%
Psychologists	48	27	56%
Social Workers	51	33	65%
Guidance Counselors	107	45	42%
Total	290	141	49%

Non-Public School Staff	Number in Project	Number Responding	Percentage Response
Principals	62	46	73%
Teachers	*	66	--
Total	*	112	--

*These figures were unavailable.

It is recognized that this is a somewhat smaller percentage response than might be desirable, but there is no reason to suspect that the respondents represent a biased sample in any way, and with the exception of the teachers, all titles are well represented. It should be noted that the major reasons that the response did not reach a higher proportion is that the mailing was, necessarily, very late in the school year and that many of the professional members were involved immediately in other professional commitments.

Reactions of Center Coordinators

Thirty-six of fifty-six coordinators responded to the questionnaire in time to be included in the analysis. Of these, twenty-seven are guidance counselors (seven of whom have Assistant Principal License); seven are social workers (two of whom have Assistant Principal License); and two are psychologists.

The response of the coordinators to each questionnaire item are shown as percentages in Tables 1-3 in Appendix D. The results do not merit comprehensive discussion, but certain reactions do deserve specific note. Only 59% of the coordinators visited their sending schools. As this figure represented a division of the total into two sizable groups, an analysis was made of the responses to the questionnaire separately for the coordinators who visited their sending schools and for those who did not. These data are shown in Table 3.

Another interesting difference is revealed in response to the item, "Were your duties at the center clearly defined?" Fifty-three percent of the coordinators responded yes, forty-seven percent no. A comparison of the response made by these two groups to the remainder of the questionnaire is summarized in Table 2. It was noted in connection with this item on defining duties that although two-thirds of the twenty-seven coordinators with guidance and counseling backgrounds felt that their duties were well defined, only one of the remaining nine coordinators so responded. This large discrepancy in reaction led to a comparison, shown in Table 1, between the responses of the coordinators with guidance backgrounds and of those who were social workers or psychologists. For brevity, these two groups are referred to as counselor coordinators and clinical coordinators, respectively, in the remainder of this section.

The coordinators, in general, reacted positively to the project, 33% recommending a continuation even under the original procedures and 72% recommending a continuation under revided procedures. Slight differences are revealed when the responses are examined in terms of the backgrounds of the coordinators. The 27 counselor coordinators are a little more willing to continue the project under existent procedures, while the 9 clinical coordinators are more insistent upon revised procedures. Interestingly enough, the 21 coordinators who visited their sending schools are more willing to continue under present procedures and are considerably less insistent upon revised procedures than are the 15 who did not visit the schools. The 19 coordinators who stated that their duties were defined clearly are more willing to continue the project under current procedures than are the remaining 17.

Eighty-six percent of the coordinators felt that they made a contribution to parents, 83% felt that they helped the children and 78% stated that the sending school had made extensive use of the services of their centers. This pattern of positive response holds up regardless of the background of the coordinators, whether or not they visited their sending schools, and whether or not they found their duties defined clearly.

Nine out of ten coordinators indicated that they were aware of the purposes of the center prior to its opening, but almost half (47%) stated that their own duties were not defined clearly. This latter group was composed of 9 counselor coordinators and 8 clinical coordinators. A slightly larger percentage of the coordinators who had a clear definition of their duties had visited the sending school than did coordinators who were less clearly oriented.

All respondents stated that their staffs were cooperative, but only 44% felt that their centers were adequately staffed. This latter figure consisted of 41% of the counselor coordinators and 56% of the clinical coordinators. Over half (53%) of the coordinators with clear orientation to their duties felt that their centers were adequately staffed, whereas only one-third (35%) of the remaining coordinators made this response. The response to staffing had no relationship to visiting the sending school.

Nine out of ten coordinators stated having sufficient time for staff consultation, and 83% found that supervisory consultation was available on a regular basis. The four coordinators who stated that they did not have sufficient time for staff consultation had guidance backgrounds, did not feel that their duties were defined clearly, and tended not to visit their sending schools. Of the six coordinators (17%) who did not feel supervisory consultation was available on a regular basis, all said that their duties were not defined clearly, all but one had clinical backgrounds, and four did not visit their sending schools.

As mentioned above, 21 coordinators (58%) visited their sending schools; however, all coordinators had contact with staff members of the sending school, 89% having contact with both parents and teachers. All but one stated that this contact was ongoing; all but one had contact with parents. As noted earlier there was a slightly greater tendency for the coordinators who felt that their duties were defined clearly to visit the sending school, but this tendency was not related to the background of the coordinator. The responses to the questions about contact with parents and the sending school staffs are not related to the coordinators' backgrounds, clarity of orientation, or tendency to visit the sending school.

Only one-third of the coordinators stated that they had access to school records; only 8% had such access in the sending school. All who had access to records found the records helpful. Coordinators who visited their sending schools tended to have greater access to records and also more frequently stated that the records were helpful. Responses to these questions showed no differences in terms of the coordinator's background or orientation.

Eighty-six percent of the coordinators felt that the sending school understood the purposes of the center, and 81% were able to follow up the work of the center with the sending school staff. Interestingly enough, the two coordinators who stated that the sending school did not understand the purposes of the center had visited their schools; of the six coordinaotrs who were unable to follow up their work with the sending school staff, four had visited their schools.

In regard to the operating conditions of their centers, the coordinators again reacted positively. Four out of five felt that there had been sufficient time to work with the children, and two-thirds felt that the hours of the center were conducive to effective contact with the children. The former ratio of 80% rises to nine out of ten, both for counselor coordinators and for those who felt that their duties were defined clearly, and drops to less than 60% for clinical coordinators. Seven out of ten who felt that their duties were not well defined felt that they had sufficient time to work with children. The proportion who believed that the hours were conducive to effective work with children holds at 67% regardless of the background or orientation of the coordinators, but drops to 57% for coordinators who visited their sending schools; whereas 80% of those who did not visit the schools felt that the hours were appropria for children.

Almost 80% of the coordinators felt that the center hours were appropriate for contact with parents, but less than half (44%) felt that the hours were suitable for contact with sending school staffs. Counselor coordinators and those with clearer orientation were somewhat less convinced that the center hours were appropriate for work with the parents than were the other groups. In terms of the suitability of the center hours for work with the sending school staffs, the coordinators who had visited the schools and those with clinical backgrounds were least positive.

Slightly less than one half (47%) of the coordinators stated that the center would have been more effective during school hours, whereas about 60% thought that the centers would have been more effective immediately after school hours. These items were presented separately on the questionnaire; it should be noted that the two proportions contain considerable overlap. In some cases respondents interpreted the items as being mutually exclusive and omitted one or the other. In terms of the comparisons made the coordinators who visited the schools tended to favor the time period immediately after school whereas the non-visitor favored the school day. The clinical coordinators were more inclined to endorse either suggested time period than were the counselor coordinators.

Although 78% of the coordinators felt that their center's location facilitated contact with prospective clients, 78% also stated that their services would be more effective if provided in the sending school. The attitude about the center's location is unrelated to the background, orientation or visitation tendencies of the coordinators. However, the recommendation that the services be provided in the sending school was endorsed by all but one (89%) of the clinical coordinators and by all but one of the coordinators who had stated that their duties had not been defined clearly.

Almost three-fourths of the coordinators felt that their center constituted good working environments, but less than one-third found equipment available when needed. The clinical coordinators were less positive about the working environment; only five out of nine (56%) found it suitable. They also were quite negative about the equipment, in that only one out of nine (11%) found it available when needed.

The questionnaire provided space for extended comment by the respondents to several items including:

1. Overall evaluation of the project
2. Staffing of the center
3. Suggested revisions
4. Major advantages
5. Major disadvantages

The coordinators made liberal use of this opportunity to amplify their responses to the specific items on the questionnaire. A detailed listing of all comments would be cumbersome and of little use apart from the other reactions of the respondents. The following discussion, therefore, attempts to reflect the reactions of the coordinators as a group.

The response to overall evaluation generally was positive, as indicated by statements such as "good beginning," "worthwhile," "providing a sorely needed service," and "has great potential."

The reactions to staffing showed considerable differences of opinion. Fifty-three percent stated that they felt that their center was inadequately staffed. Most of these requested additional psychologists and social workers. Many felt that they were overstaffed with guidance counselors. This point of view was taken most often by clinical coordinators, but even some counselor coordinators agreed that there was less need forguidance counselors in centers which were separated from the school environment of the children.

The coordinators felt strongly that the roles of the center staff members need to be defined clearly, particularly their own roles. Further, they felt that the responsibilities of the various disciplines need to be specified carefully. Many felt that this point is most crucial for the guidance counselors, who have worked only in school settings.

The most frequently stated revision was to house the center in the non-public school. This, no doubt, was mentioned often because such a move would eliminate many disadvantages listed by the coordinators. These included:

1. unavailability of pupils' records
2. difficulty of ommunication between center and sending school
3. resistence of some schools to refer their pupils to public school based center
4. working with children in an alien setting
5. poor use of guidance counselors.

The major advantages of the project, according to the coordinators, were:

1. the opportunity to work as a team in providing clinical and guidance services
2. providing these services to children who would not receive them ordinarily.

Reactions of the Center Professional Staff Members

In addition to the coordinators, 105 professional staff members of the centers responded to the questionnaire. Of these, 45 are guidance counselors, 33 social workers, and 27 psychologists. The response of these three groups are listed separately in Table 4 of Appendix D, and are shown collectively in Table 5 of Appendix D.

In general the other professional workers, hereafter referred to as staff members, reacted as positively to the project as did the coordinators. Differences in response patterns occurred to questions which obviously are related to the differences in roles in the centers, but except as noted below the staff members' responses were remarkably similar to those of the coordinators.

Although only 16% of the staff members reported that they had visited the sending school as compared to 58% of the coordinators, 85% stated having contact with sending school staff members; 61% indicated that the contact was with both teachers and principals and that it was ongoing. These figures are due largely to the responses of the guidance counselors. Although they did not report a higher percentage of visits to the sending schools, 93% indicated contact with sending school staff members, 80% stated that contact was ongoing, and 76% reported that contact was with both teachers and principals. Almost the same proportion of staff members as of coordinators reported contact with parents; however, the proportion was a bit higher for counselors and somewhat lower for psychologists.

The responses regarding records differed little between staff members in general and coordinators. Among the three staff groups a higher proportion (37%) of psychologists reported having access to records and finding the records helpful, while only 18% of the guidance counselors stated having access to records and only 24% found them helpful.

Approximately the same proportion of the counselors thought that the sending school understood the purposes of the center as did the coordinators (84% and 86% respectively). The social workers and psychologists were not so sanguine. Their proportions were 58% and 56% respectively. No staff groups reported being able to follow up the center's rk with the sending school as positively as did the coordinators. Only 56% of the staff members responded "yes" as compared to 82% of the coordinators. The counselors' proportion was again the highest (64%) and the psychologists' the lowest (48%).

The staff members' reactions to operating conditions of the centers were positive generally and patterned similarly to those of the coordinators. For example, approximately 80% of each staff group and of the coordinators reported having sufficient time to work with children. Also, about 80% stated that the hours of the center were conducive to working with parents. The social workers were the most positive on this point (85%). Similar but less positive response was noted on whether the center hours were conducive to effective work with children, the proportion being close to 65% for all groups except the social workers who were slightly negative (58%).

There was less agreement as to the suitability of the center hours for work with sending school staff, the counselors being the most positive (51% said "yes"); whereas the figure for the coordinators was 43%, for the social workers 39%, and only 33% for the psychologists. Staff members were less inclined to believe that the center would have been more effective during school hours than were the coordinators, 41% responding "yes" as compared to 47% of the coordinators. The counselors were least positive on this point (22%). All groups show a greater inclination to recommend that the center operate immediately after school hours, particularly the coordinators (61%) and the counselors (58%), and somewhat less so the psychologists (52%) and the social workers (48%). The interpretation of the responses to these items is somewhat hindered by the fact that some of the respondents may have been comparing "immediately after school" with "during school" in answering rather than comparing each of the above periods with the hours during which the project operated this Spring. However, it would appear that all center personnel preferred "immediately after school" over "during school" by 20% (55% to 35%).

Two out of three staff members and almost four out of five coordinators stated that their center location facilitated contact with prospective clients; yet the same proportions of each group reported that services would be more effective if provided in the sending school. The social workers responded in similar proportion to the coordinators on these two items. Counselors were the least sure about providing services in the sending school (60%).

The staff members were less approving of the physical facilities and less satisfied with the availability of equipment than were the coordinators. Only 57% found the facilities conducive to a good working environment as compared to 78% of the coordinators. There were no marked differences among the three staff groups on this point, but in terms of equipment, the psychologists were almost unanimously unsatisfied--a mere 7% indicating equipment availability was satisfactory, whereas 37% of each of the other two staff groups and the coordinators responded "yes".

Whereas almost all (92%) of the coordinators stated that they were aware of the purposes of the center prior to its opening, only four out of five of their staff made this statement; further, only two out of three psychologists indicated such awareness.

There was considerable difference of opinion among the three staff groups and the two coordinator groups about definition of their duties. As mentioned in the preceding section, 67% of the counselor coordinators asserted that their duties as the center were defined clearly, whereas only one of the nine (11%) clinical coordinators made this assertion. A similar discrepancy is noted among the staff groups. While 82% of the counselors responded affirmatively only about 40% of the social workers and psychologists were satisfied with the definition of their duties.

That there was sufficient time for staff consultation was affirmed by 90% of the staff and the coordinators. Two counselors and one social worker failed to find their colleagues cooperative; one psychologist and one counselor did not respond. The remaining 95% of the staff members agreed with all coordinators that the members of their center teams were cooperative. High proportions of counselors and counselor coordinators stated that supervisory consultation was available, 87% and 93% respectively. Clinical coordinators, the psychologists and the social workers were less positive, 56%, 63%, and 42% respectively responding "yes". These figures reflect the fact that recruitment of supervisory psychologists and social workers for the project was very difficult.

The adequacy of center staffing received differing reactions, also with the highest proportion of positive responses being given by the psychologists (67%), the next highest by the clinical coordinators (56%) with the counselors and social workers following with 53% and 52%. The guidance counselor-coordinators were least affirmative, with 41% indicating adequate staffing. These results reflect the shortage of clinical personnel available for project recruitment. Since most of the coordinators had guidance backgrounds and most staffing gaps were in the clinical areas, counselor coordinators were more likely to have vacancies on their staffs.

The staff members were less positive than the coordinators about the overall contributions of their centers, but they were more inclined to recommend a continuation of the project under revised procedures. In terms of whether they had made a contribution to parents and children, the staff members responded affirmatively (69% and 64% respectively) to these two items, although this response was 17% and 19% below that of the coordinators. The group with the greatest sense of contribution were nine clinical coordinators, all claiming a contribution to parents and all but one a contribution to children. The counselor coordinators also were quite affirmative, 82% asserting a contribution to both children and parents. Of the staff groups the psychologists were least certain on having made a contribution to parents (59% affirmative), while the social workers were least sure of a contribution to chikdren (54% affirmative).

In response to whether the sending school had made extensive use of their center's services, 78% of both coordinator groups replied affirmatively, as did 67% of the counselors and 52% pf the social workers and the psychologists. The recommendation that the rpogram be continued under present procedures was endorsed by 35% of the staff members and 33% of the coordinators. The group proportion making this recommendation ran from a high of 40% of the counselors to a low of 22% of the clinical coordinators. Much higher percentages of all groups were prepared to continue the program under revised procedures, the staff members responding affirmatively more often than the coordinators (83% as compared to 72%). The most affirmative were the psychologists (93%), the least positive were the counselor coordinators (70%). Owing to the way in which these last two items were phrased in the questionnaire, the results could be interpreted to mean that all groups recommend a continuation of the program, with from 40% to 60% of the members of the various groups believing that revised procedures are necessary.

For the reader desiring a total picture, the summary of the responses of all center personnel responding to the questionnaire are given in the right-hand column of Table in Appendix D.

Reactions of Supervisors

The twelve supervisors who responded to the questionnaire represent 43% of the project supervisory staff. Four were guidance supervisors, two social work supervisors, and six supervisors of psychologists. Owing tho the smallness of numbers it was decided to examine the responses of the supervisors as a group and make no attempt at comparisons by disciplines. The summary of the supervisors' responses appears in Table 6.

As each supervisor was assigned from three to six centers, it was expected that they would react to questions about center operations somewhat differently than the center staff. It should be kept in mind that their responses might represent a judgment as to what would be typical of the centers of which they had knowledge or the practice of the best center they saw, or (unlikely) of the poorest center they saw.

Only one supervisor visited a sending school, but all except two had contact with staff members of the sending school. Four had contact with both principals and teachers; four also said that their contact was ongoing. Only three mentioned having bad personnel contact with parents. Three also mentioned not only having acceess to records, in the center only, but also finding the records helpful. Most of these figures represent proportions considerably smaller than those noted previously for center staff members and coordinators. These figures certainly are not surprising, considering the number of centers which each supervisor was expected to cover. It is also understandable that only 33% of the supervisors felt that they were able to follow up the center's work with sending schools as compared to 62 % of all center members. However, it is remarkable that only 42% of the supervisors felt that the sending schools understood the purposes of the centers when 73% of the center staffs responded "yes".

Only 42% of the supervisors stated that there was sufficient time to work with children compared with 80% of the center staffs. For the questions of how appropriate the hours of the center were for contact with parents, children and sending school staffs, the supervisor responses, although still less positive, did not diverge quite so much from the responses of center staffs. The proportions responding "yes" were 67%, 50% and 33% respectively, to the three questions as opposed to 79%, 63% and 43% of all center staff members. Notice that the patterns of agreement are very similar.

The supervisors were inclined much more to recommend that the centers be operated either during the school day or immediately after school hours, than were any previous group discussed. Recommending "during school" were 58% as compared to 35% of center members, and recommending "immediately after school" were 67% as compared to 55% of center members. The supervisors, coordinators and center staff members were in close agreement with regard to whether the center location facilitated contact with prospective clients and also as to whether the center services woulb be more effective if provided in the sending school. Approximately 67-70% of all three groups answered "yes" to both of these questions.

The supervisors were also in close agreement with the center staff members in regard to the facilities of the centers. About 58% of both groups found them to be conducive to a good working environment. To the question about availability of equipment the supervisors responded comparable to the psychologists' responses; in fact, two of the twelve who said that equipment was available were not supervisors of psychologists.

Three-fourths of the supervisors stated being aware of the purposes of the centers prior to their opening, but only one-half claimed having clearly defined duties. These figures fall slightly below those for the center personnel. Only 58% stated time was available for staff consultation whereas 90% of the center personnel found sufficient time. This may be a reflection of the heavy schedules of the supervisors. The supervisors and the center personnel in equal proportion (67%) stated that supervisory consultation was available.

The supervisors were much less impressed with the staffing of the centers than were the center personnel themselves. Although 83% found the center staffs cooperative, 97% of the center personnel had responded favorably. Further, only 25% of the supervisors thought that the centers were adequately staffed whereas 33% of all center personnel thought that their staffing was adequate.

The supervisors' responses to the questions on contributions of the center and on the extent to which the sending schools made use of the centers' services were much less positive than those of center personnel. Only three of the twelve supervisors stated that the centers had made a contribution to children and only 4 felt that a contribution had been made to parents, whereas about 70% of the center personnel answered affirmatively to both of these questions.

Only five of the twelve stated that the sending schools had extensive use of the center services whereas 70% of the center personnel felt that their services had been well utilized. Two-thirds of the supervisors recommended continuing the project under revised procedures; only one-fourth recommended continuation under current procedures. These proportions, again, were below those of center personnel which were 80% and 35% respectively.

It should be noted that although the supervisors failed to respond as positively to the questionnaire as did the center personnel, they actually did not respond as negatively as this implies. The high percentage who did not respond to several of the items may indicate that many of the supervisors did not feel sufficiently well-informed to comment on certain aspects of the center operations.

Reactions of Non-Public School Staffs

Responses to the committee's questionnaire were received from 46 principals and 66 teachers of the non-public schools. Although more than 62 non-public schools had some degree of participation in the project, evidently only 62 participated in the clinical and guidance centers. The 66 teachers responding were representatives of these latter schools. Among the 46 principals responding were some associate principals of the same school and at least two principals whose schools did not participate in the centers.

The responses of the teachers and principals are summarized in Table 7, Appendix D. The comparison of responses shown in Table is

8 of the 23 principals who visited their centers while in operation with the 22 principals who did not visit their centers after opening. (They may have made prior visit).

The principals and the teachers were, for the most part, enthusiastic about the project and quite positive about a continuation with certain revisions. The principals responded more affirmatively than did the teachers to almost all of the questionnaire items. This result may have been due either to the fact that the prinicpals had greater contact with the administration of the project as to the fact that the sample of teachers responding to the questionnaire was less representative of all the non-public schools than were the principals.

The groups of principals who visited their centers during the project were markedly more favorably disposed toward the project than were their colleagues who did not make such visits. For example, 38% more (78 to 50) of the group who visited had stated receiving reports from the centers, 33% (74-41) more found reports helpful, 21% (35-14) more perceived changes in the pupils referred, and 32% (91-59) more felt that the center staff understood their school and the needs of their pupils. Note that neither group was affirmative about perceiving changes in their pupils. Although 56% of the teachers stated that they had visited the center during it operation, their responses to these **items** were either similar to those of the non-visiting principals or somewhere between the two principal groups. Fifty of the teachers stated receiving reports about children referred although 77% had made referrals. Evidently most of the teachers who received reports found them helpful as 44% so responded.

Almost three-fourths of the teachers felt that the center understood the needs of their pupils, but only one-fourth perceived changes in the children referred. The principals apparently were satisfied with the referral process, as 96% made referrals, 94% stated that their referrals wer acted upon, and 87% stated that their referrals were made with a minimum of paper work. The principals who did not visit the centers were a little less affirmative about these three items than were their colleagues but not markedly so. The teachers (77%) who made referrals were as positive as the principals. The phase of the contact with the centers which both groups of principals and the teachers agreed was somewhat deficient was whether the center rpovided services for all the children whom the school wished to refer. Only 54-56% of the three groups responded "yes" to this item.

The responses to the items about the effectiveness of the hours of the center in regard to contact between center personnel and the children, parents and school staffs can be compared with the results noted previously for center coordinators and staff members. The following tabular summary may serve to highlight the comparison.

Question: Were Center Hours Conducive to Effective Contact With

	Percent of Designated Group Responding "Yes"					
	Coordinators		Staff	Principals		Teachers
	VSS (1)	NV (2)		VCO (3)	NV (4)	
Children?	57	80	62	56	36	47
Parents?	76	80	79	83	59	61
School Staffs?	38	53	43	44	23	41

(1) VSS - Coordinators who visited their sedning schools
(2) NV - Coordinators who did not visit their sending schools
(3) VCO - Principals who visited their centers during their operation
(4) NV - Principals who did not visit their centers during operation

A careful perusal of these data lends credence to the following generalizations. Visiting the non-public schools tended to cause coordinators to be less sure that the center hours were appropriate for contact with children, parents or the school staff, whereas visiting their centers caused principals to be more positive about the appropriateness of the center hours for all three types of contact. Furthermore, the responses of the administrators who exchanged visits not only tended to be similar but also seemed to be reflected in the responses of their respective staff members.

The responses of the principals and teachers to the questions about operating centers during school hours or immediately after school reverse the pattern of responses given by center personnel. Whereas only about one-third of the center personnel stated that services would have been more effective during school hours and over one-half stated that immediately after school would have been better, over half of the teachers and almost two-thirds of the principals selected "during school" as a more effective time and only 30% of each group designated "immediately after school" as better.

Over three-fourths of the coordinators and about two-thirds of all other center personnel had stated that the center's location had facilitated contact with prospective clients. Only 59% of the teachers and 50% of all principals agreed with this statement. However, almost two-thirds of the principals who visited their centers during operation concurred. The statement that the services would have been more effective if provided in the sending school was endorsed strongly by all groups. The strongest endorsement came from the principals who had not visited centers during their operation (91%), from coordinators who had said that their duties were not defined clearly (94%) and from clinical coordinators (89%). In comparison the weakest endorsement was given by guidance counselors (60%). In general, a little over 80% of the sending school staffs and a little less than 70% of the center personnel recommended the non-public school as a more effective site of operation.

Although 91% of the principals and teachers were aware of the teacher training program only 30% of the principals and 52% of the teachers were able to participate in it. Of the participants, evidently all of the teachers and all but two principals found it helpful in understanding children; further, two-thirds of the teachers and one-half of the principals said that the participation had effected some change in their teaching. About 60% of all principals and teachers recommended such a program for their colleagues.

The responses of the non-public school personnel to the items in the overall evaluation of the project might be considered best in comparison to the responses to the same items given by center personnel. The following tabular arrangement may facilitate the comparison.

Question:	Percent of Designated Group Responding Affirmatively				
	Coordinator	Staff Members	*Principals		Teachers
			VCO	NV	
Center made contribution to					
Parents	86	69	74	54	58
Children	83	64	78	50	56
School made extensive use of services	78	58	61	46	59
Recommend continuation of program under					
present procedures	33	35	30	9	18
revised procedures	72	83	78	82	77

*VCO - Principals who visited center during operation
NV - Principals who did not visit center during operation

It can be seen from the preceding figures in general that the center personnel were a bit more positive about the contribution of the centers than were the school staff members. However, note that the principals who visited their centers during the project were more affirmative than were the center staff members. The "non-visiting" principals were the least positive to these questions as they were to most items.

It is worth noting the general agreement among the groups on continuting the project, particularly under revised procedures. One further question was asked of the non-public school personnel: "Were the needs of your pupils met by the center?" To this question 46% of the teachers, 50% of the "non-visiting" principals and 65% of the "visiting" principals replied in the affirmative.

The comments made by the nob-public school principals on their questionnaires stressed their desire to have the services provided in their own schools. The reasons given for this revision focused on the physical and psychological stresses imposed on the children by sending them into an alien setting during evening hours for "special" treatment. Problems of communication and articulation also were frequently noted.

The major advantage of the program most frequently mentioned was that it provided sorely needed services to children who would not otherwise receive them. The general evaluative comments were almost entirely complimentary, typified by: "Excellent," "good working relationship with center staff," "Parents are pleased with the services," "an aid to teacher training," and many others.

In order to evaluate certain specific aspects of the project, the committee prepared questionnaires for distribution to all project participants. Approximately 50% of the personnel involved in center operations and of the principals and teachers in the non-public schools utilizing center services responded to the questionnaires. The responses were summarized separately for coordinators, supervisors, the three professional disciplines represented on center staffs, and principals and teachers of the sending schools. Further breakdowns were made among the coordinators and principals in an attempt to sort out some of the aspects of the project or of the modes of operation of administrators which might shed light on strengths and weaknesses of the program.

It may be said with little doubt that the project has been remarkably successful and enthusiastically received, if one is to heed the statements of the sample of participants who responded to the questionnaire. It would profit little to repeat the questionnaire items which received high endorsement by all participant groups. They may be noted either from the previous discussion or from a perusal of the tables in Appendix D. The following list represents, instead, what are thought to be the most important implications of the various analyses made of the questionnaire results:

1. The project should be continued, but under revised procedures.
2. Services probably should be provided in the non-public schools.
3. Many centers need to be more completely staffed.
4. Coordinators and other center personnel should visit the non-public school; principals and teachers should vist the centers.
5. At least some service should be provided earlier in the day than was the case under the original project.
6. Duties of center personnel, particularly those of the coordinator, should be defined clearly.
7. Reports to school staffs regarding referrals should be made more often.
8. Equipment and supplies should be available to center staffs.
9. Supervisory structure needs reorganization.
10. More frequent and intensive consultation by center personnel with school staff on needs of school is needed.
11. Purposes of center need definition in terms of disciplines represented on the center staffs.
12. Many centers had inadequate facilities.
13. Articulation between centers and non-public schools needs improvement in many communities.

D. Clinical Services

The evaluation of the clinical services available to children and their parents at the centers is based on impressions gained by the committee during their visits to the centers, on interviews with social workers and psychologists, and through the analysis of questionnaire responses. It is difficult to make a concise statement concerning the clinical aspects of so complex a program. Consideration must be taken of the very brief period of center operation, the limited orientation, the variety of skills and training of the members of the center teams, the training of the teachers, and the readiness of the non-public schools to accept and participate in the program. The objectives of the program did not make clear whether the emphasis of the program was to develop centers on the Child Guidance Center model, were to be guidance centered, were to make the teacher a more effective mental health person, or a combination of these, with integrated clinical, guidance and educative functions.

By and large the centers performed excellently for their brief period of operation. They rendered an impressive number and variety of services. The process of creating a new center was a major task and consumed considerable energy and time on the part of the center staffs.

In most centers disciplinary lines were blurred, and everyone performed intake interviews, worked with parents, consulted with teachers, worked with children and initiated outside referrals. The results of this team approach were excellent in that, in most instances, the personnel worked well together and the center functioned smoothly. This cooperation also had the advantage of having the staff acquire initial acquaintance with the population to be served and of having them work out clinical procedures together.

The following comments are not intended to detract from the accomplishments of the centers but to highlight some of the problems encountered.

When the list of services rendered is examined the focus appears to be in the direction of a clinical-guidance oriented program. Of the 5259 interviews held at the centers, 40% were with parents, with one or both seen with almost every child. This mode of functioning with a family emphasized a clinical team approach.

Since in most centers the major emphasis was on intake, the potential role of the psychologist did not have an opportunity to develop. Many of the psychologists saw their role as that of consultants to the team. Some psychodiagnostic evaluations were initiated and even completed, but these were few. By the end of five weeks, the only psychological testing equipment available was the psychologist's own materials. Staffing difficulties were evidenced by some centers having two psychologists to fill one position and a significant number of centers having no psychologists. Psychological services, therefore, were often fragmented or just not available to the children.

Some psychologists expressed the feeling of being hampered by lack of opportunity to observe the children in school, by minimal contact with teachers, and with scant records. On the other hand, they were pleased with the number of parents participating together with the children. Reporting test results was mentioned as a problem because the psychologist did not know how confidentially the results would be handled or how appropriately the recommendations would be implemented. Most psychologists felt that the late clinic hours were poor, particularly in terms of evaluating younger children.

The guidance counselors had little opportunity to use skills traditionally required of them. Children could not be observed in the classroom, teachers were not available for conferences, and parents infrequently were available for workshops. However, the blurring of disciplinary lines gave all members of the staff an opportunity to become flexible in the use of skills and to provide children with many services.

Social workers, too, within the structure of the center operation, had little opportunity to make use of their broad skills. They spoke of their inability to contact intake workers in other agencies because of the hours of operation; the hours of operation also limited their ability to obtain records of previous service to children. The social workers, like the other professionals, felt unsure of the level of family care service that could be rendered since they were not sure of the project's continuation. The shortage of social workers resulted in a lack of this service for many centers.

There were only three psychiastrists who were available to the centers, and these three could give only minimal time to any one center. The service they performed was of great value.

Most staff members were pleased with the clinical-guidance approach resulting from the joint endeavor of the Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance staffs. Many personnel indicated that they would like to have the same team approach and services in the public schools which they served during the day.

Referrals were, by and large, made for appropriate reasons. The methods of referral varied among non-public schools and resulted in differences of numbers and timing of referrals. Some schools referred two or three pupils each week; some referred more than could be serviced. One center had received no referrals in a five week period. It would seem that many parents were prepared improperly for the clinic experience. Center staff members reported that some parents did not know why their children had been referred and attended primarily because of pressure from the non-public school staff.

Since some non-public schools appear to have a policy of not informing the parents of a child's school difficulties until his dismissal from the school is imminent, referral of the child to a clinical and guidance center may seem to the parent to be an implied threat of dismissal. Also, some parents, because of their religious loyalties and social aspirations, tend to respond to referrals of their children without question and appeared at the center quite unprepared for the center experience.

Increased experience by non-public schools in the techniques of referral should alleviate most of these difficulties. Consideration might be given to participation by center staff in the initial contact with parents concerning their children's school difficulties to facilitate the referral process. The large number of referrals made and the manner in which the parents maintained their contact with the centers confirm the need for this type of service to disadvantaged children in non-public schools. Some families returned for several interviews, and some came for additional unscheduled interviews seeking supportive assistance.

Some excellent group meetings were held with parents and teen-agers. They helped to orient the parents to the goals and techniques of the center and the center staff to the needs of the parents. A highly successful teen-age workshop was held at one center and was valuable to the center in gauging the needs, desires and problems of the young men and women. It also provided an excellent forum for youth to share ideas and feelings in relation to the school and community. It would seem that other such programs would be considered by center coordinators.

Some centers made regular practice to invite non-public school personnel to their conferences or to inform them of the progress of the child in the center. Others had not communicated at all with the sending school.

The shortage of clinical personnel is of great significance to the continuation of the project. If the shortage continues some consideration should be given to the development of a number of programs with differing staffing patterns and differing objectives.

E. Teacher Training Program

On the basis of committee findings the teacher training program appears to have made a significant contribution to the success of the project. Its major aim was to provide the non-public school teachers and principals with information concerning the role of the teacher in guidance practice and with basic concepts of mental health in the classroom. More specific objectives of this phase of the project appear in the Project Proposal in Appendix A, and hence are not repeated here.

The committee's analysis of the teacher training program consists of a comparison of the structure of the program with the outcomes indicated in interviews with teachers and principals, questionnaire results and reports submitted by instructors. The committee is indebted to Miss Frances E. Nederburg, a coordinator of teacher training, for her cooperation in providing the committee with part of the data contained in this section of the report.

Originally four teacher training centers were planned for the project--one each in Brooklyn, Queens, Manhattan and the Bronx and each providing for the instruction of fifty participants. In response to specific requests from the Catholic Diocese of Brooklyn, five additional centers available to all denominational groups were opened in the borough of Brooklyn. Two smaller centers had so few teacher participants that they were discontinued.

The final number of teacher training sections was nine, one each in the Bronx and Queens, two in Manhattan, and five in Brooklyn. Approximately 400 non-public school teachers participated in the classes and attended an average of twelve of the fourteen sessions. Nine staff members of the Bureau of Child Guidance and eleven from the Bureau of Educational and Vocational Guidance served as instructors, with Dr. Gertrude Bandel, Bureau of Child Guidance, and Miss Frances Nederburg, Bureau of Educational and Vocational Guidance, responsible for supervision and coordination.

An analysis of the questionnaires revealed that the teachers acquired additional understanding of children's behavior and insight into the teacher's role in mental health in the classroom. At the same time participants stressed the desirability of receiving more intensive training in these areas with emphasis on usable classroom procedures.

Because of limitations of time for planning, factors other than substantive content and educational practice were responsible for reducing, in some measure, the significant influence which the teacher training program could have for contributing to the mental health of disadvantaged children. For example, although 91% of the non-public school teachers responding to the questionnaire stated that they were aware of the teacher training program and were interested in participating in it, only a fraction of the respondents were able to do so because they either had received notice too late or had prior commitments. The program, then, would seem to need earlier and broader publicity.

A number of respondents stated that they were unable to attend the teacher training sessions because distances to be travelled were too great or because the sessions were located in neighborhoods through which they feared to walk. Careful attention should be given to the location of the centers to insure accessibility to public transportation and safety of movement.

The respondents to questionnaires indicated that they felt that the classes were too large. The average class size of 44 participants indicates that there was need of more classes. Many participants spoke of the discomfort of classrooms, both because of crowded conditions and because of objectionable noise. The mechanics of attendance-taking also was noted as an irritant. Consideration should be given to the reduction of class size to a maximum of 30 and to the selection of classrooms with adequate space and a minimum of outside distractions. The participants also expressed a need for more extensive bibliographies, more detailed and structured course outlines and for mimeographed materials that could be used for study.

The selection of the teaching staff should receive most careful attention, both for academic qualifications and for personal qualities. Although the questionnaire responses indicated that the majority of the teaching staff performed their tasks extremely well and were praised highly by their students, a few instructors received strongly negative comments.

The participants indicated that they were most concerned with the following issues:

1. the classroom teacher's management of children with emotional problems
2. ways of helping children develop good mental health attitudes
3. ways of developing and improving teacher-parent relationships
4. referral procedures for children needing help
5. increased knowledge of the real meaning and impact of being poor and culturally disadvantaged
6. understanding of and information about vocational guidance.

A large number of the non-public school teachers who participated in this program have indicated that they have recommended it to their colleagues. However, many spoke of the desirability of having classes at two levels--one level for those without prior learning in the field and a more advanced level for those whose training had included courses in this field.

In view of the above findings, the committee recommends the continuation of this program with the indicated modifications.

IV. SUMMARY AND RECOMMENDATIONS

Under Public Law 89-10, Title I, the Elementary and Secondary School Act of 1965, Project VI--Out-of-School Clinical and Guidance Services for Disadvantaged Pupils, fifty-six public school centers, staffed with guidance counselors, psychologists and social workers, serving pupils from sixty-two non-public school located in neighborhoods designated as "low income areas" provided clinical and guidance services to twelve hundred and seventy-two (1272) pupils and their parents during the project period of April through June 1966. Supplemental to the clinical and guidance services was a teacher training program jointly administered by guidance and clinical personnel which provided mental health training for four hundred teachers from non-public schools in disadvantaged area.

It is a tribute to the quality of leadership of the project directors and to the capacities and competencies of the staffs of the Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance of the Board of Education of the City of New York, that this project was established so quickly and implemented so effectively within the innovative structure of a public--non-public school situation under new, untried circumstances. The ingenuity, creativity and commitment manifested by public and non-public school staffs working cooperatively toward the common goal of giving aid to disadvantaged pupils attests to their realization of the great need of disadvantaged children for these services.

On the basis of findings on the operation and results of this program, the evaluation committee, unanimously and earnestly, recommends that this project be continued. The committee, following its evaluation design, observed the operation of selected centers; interviewed certain non-public school principals to ascertain their expectations of the project; held interviews with selected center staff members, non-public school staffs, and supervisors; distributed questionnaires to all project participants; and received supplemental data concerning the implementation of the project from the offices of the directors and coordinators of the project.

The data gathered by these various methods have been factually set forth in the preceding sections of this report. On the basis of the data that were obtained and subsequently evaluated by the committee, the following recommendations are made. The evidence supporting each of the recommendations can be found in one or more of the preceding sections.

Recommendations:

1. The continuation and extension of the project is strongly urged. It is apparent from the number of referrals received by the centers and by the sustained participation in the center offerings by parents of disadvantaged children and by non-public school staffs that there is great need for clinical and guidances services to disadvantaged children attending non-public schools. In large measure the centers and the teacher training program have made significant progress toward meeting this need.

2. The goals and objectives of the project as a whole need to be more clearly communicated to center staffs and non-public school personnel. Ambiguity as to the theoretical basis for the functioning of the centers sometimes impaired optimal implementation of the program.

3. The orientation phase of the project should be so organized and implemented that a thorough understanding of the aims and objectives of center operation is fostered among center staffs and non-public school staffs which will result in improved articulations between centers and non-public school staffs.

4. Deep consideration should be given to orienting center staff members to the cultural and religious backgrounds of the non-public school populations. The least effective centers tended to be those whose staff members had little prior knowledge of the religious and cultural heritage of the children served, and knew little of the local community in which the school was located. The services of sociologists as consultants to the project for the purpose of orientation might prove effective.

5. A clear cut policy concerning the range, depth and extent of diagnosis and treatment given to children and parents should be established for the benefit of center staffs. Many staff members indicated uncertainty about the type of clinical or guidance service to be offered.

6. Location of clinical and guidance centers should be given serious consideration in order that the most effective services possible may be rendered to the disadvantaged pupil under circumstances and in a physical setting conducive to learning and change: To parallel the services given to public school children the non-public school pupil would have such service offered during the school day in the school he attends. If, because of policy, such a situation is not possible, then centers should be designated that take into consideration the accecptability of center location to the specific non-public school, desirability of physical plant as a guidance center, security of the building, safety of the neighborhood during evening hours, accessibility to public transportation, and the active cooperation of the host school principal.

   Many schools did not have facilities conducive to the effective operation of a clinical and guidance center. Many centers were in neighborhoods through which people feared to walk during evening hours. Many centers were not easily accessible to public transportation and many had inadequate space.

7. Some flexibility in hours of operation of the centers, particularly during winter months, must be allowed. The hours of operation evoked the greatest number of comments among the participants in the project. A gain in parent participation because of evening hours was outweighed by the inconvenience to children, to non-public school staffs, and to many center personnel. Many facets of clinical and guidance service depend upon communication with sending schools and other agencies during their hours of operation. The lateness of the center program made such communication extremely difficult and in some instances impossible.

8. Every effort should be made to improve communication and professional interaction between center staff and non-public school staffs. Provisions should be made for intervisitation between staffs, and case conferences and group meetings involving members of both groups should be encouraged. Both center and non-public school staff members indicated a great need to communicate with each other about children referred to the center.

9. With centers located in public schools at least one center staff member should be assigned to the non-public school serviced and alloted time during the non-public school day for maintaining liaison with the school, conferring with teachers, contacting community agencies and interviewing parents who could visit the school during the day.

10. The staffing of center teams should be accomplished with due consideration to the clinical and guidance needs of the sending schools and the linguistic and cultural backgrounds of the sending school population. Parents of many disadvantaged children are unable to speak English, and the ability of the professional staff to speak the parent's native language and to understand his culture becomes crucial in his work with child and parent. For this reason, when possible, every attempt should be made to recruit multi-lingual personnel for centers in areas where English is not a first language.

11. Efforts to recruit clinical personnel shoudl be intensified. Shortages of social workers, psychologists and psychiatrists were noted at both the staff and supervisory level. The shortage seriously limited the scope of the clinical aspects of the project. Such means as improved publicity concerning available positions, increase in stipend to meet competing rates, and opening positions to qualified personnel not working in New York City schools but certified by the State of New York should be considered in order to increase the clinical staff.

12. A policy should be established for the development of referral procedures and an adequate record-keeping system. Center staffs should be apprized of data to be retained in permanent records and required for reports, and should be aided in developing ways of informing the sending schools of case progress and of the disposition of all referrals. Some provision for clerical help for non-public schools for this vital aspect of guidance is strongly recommended.

13. Some provision should be made to investigate more creative approaches to supervision of staff personnel. Explorations of such innovations as an interdisciplinary-team approach at the district or borough level should be initiated. Some centers indicated that in the present method of supervision lines of authority were vague and over-lapping. The nature of the project, calling for a pupil-personnel team approach, calls for unified supervision as well as consultants for the respective disciplines.

14. Services provided through this project should be given greater publicity in local communities. Non-public school principals noted the lack of publicity given this project except through their own resources. Media such as television and radio should be used to disseminate information concerning services available to children in non-public schools.

15. Equipment and supplies should be requisitioned in relation to the operational needs of the particular center for which they are intended. It was found that certain centers had need for unique or specialized supplies which could not be made available under the present system of allocating the same supplies to each center.

16. The teacher training program which contriubted so effectively to the project in developing mental health concepts for classroom use of non-public school teachers is in need of earlier and more extensive publicity among non-public school staffs. Several non-public school staffs were unable to participate in the teacher training program because they already were involved in other projects.

17. Consideration should be given to dividing the teacher training program into basic and advanced levels as well as in providing separate courses for early childhood, intermediate, and high school levels. Because participants in the teacher training program came with widely differing backgrounds and represented all levels of teaching, a more diversified curriculum would meet their needs better.

18. Consideration should be given to the reduction of class size and location of classrooms for the teacher training program. Accessibility to public transportation and good physical conditions should be considered in class location. More participants attended the program than had been expected and classes were large. It is recommended that for classes of this type not more than thirty students should be registered for any one class. A number of teachers indicated that they were unable to attend the sessions because they had to travel considerable distances and in some instances had to travel through bad neighborhoods.

19. Students in the teacher training programs indicated their desire and need for fuller course outlines, more extensive bibliographies and more source material. Many students expressed a need for detailed outlines of course content to be covered.

The Board of Education of the City of New York is to be commended for its willingness to engage in this imaginative project. The project has contributed meaningfully to the mental health of non-public school children living in disadvantaged areas.

The Board of Education of the City of New York should be justly proud that, through the work of the Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance, it has been able to discharge its responsibility under Project VI, Title I, for providing clinical and guidance services to disadvantaged, non-public school pupils.

The project had much to praise and commend. The speed with which the project was established; the sound base of its organizational structure; the effective interpersonal relationships that made meaningful implementation a reality; and the quality of the services rendered all attest to unusual competence and professionalism.

That problems and difficulties were encountered was inevitable in a program of this complexity and magnitude. However, the dispatch with which those difficulties which lent themselves to resolution were handled and the prompt recognition of those which could not be completely resolved were testimony to the dedication and skill of public and non-public school personnel in working cooperatively to aid disadvantaged children.

Particular mention should be made of the leadership of Mrs. Marion Fullen of the Bureau of Educational and Vocational Guidance and Dr. Richard Johnson of the Bureau of Child Guidance, co-directors of the project; of Mrs. Daisy Shaw and Dr. Simon Silverman, directors of their respective bureaus; and of Miss Frances E. Nederburg and Dr. Gertrude Bandel, supervisors of the Teacher Training Program. Acknowledgement should be made also to the supporting staff in carrying out their assignments cooperatively and effectively.

ERIC

Center for Urban Education

Evaluation Committee   Project VI   Title I

Out-of-School Clinical and Guidance Centers for Disadvantaged Pupils

APPENDIX A

ORIGINAL PROJECT PROPOSAL

of

BOARD OF EDUCATION OF THE CITY OF NEW YORK

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APPENDIX A

Center for Urban Education

Evaluation Committee Project VI Title I

Out-of-School Clinical and Guidance Services for Disadvantaged Pupils

PROJECT PROPOSAL OF THE BOARD OF EDUCATION OF THE CITY OF NEW YORK

Project Description

1. Title: Out-of-School Guidance Centers for Disadvantaged Pupils in Non-Public Schools

This program will offer professional guidance services for non-public school children. These services are designed to provide for these children many of the kinds of services being offered to disadvantaged children in the public schools.

2. Project Area

Selected schools included in this project are in attendance areas having high concentrations of low income families. Each school enrolls many disadvantaged children who require special educational services. See List 2, Appendix B, for schools included in the project.

3. Number of Disadvantaged Children

Approximately disadvantaged children will participate in this project.

4. Nature of the Project

Increased guidance services are necessary for the children in non-public schools. This is especially true in the case of the disadvantaged child. The disadvantaged child is often lacking in educational motivation; he often has problems of personal adjustment to society; he often has feelings of low self worth. The child's problems are difficult to resolve by a teacher who has a large class. She normally would not have sufficient time to spend with individual pupils. A trained staff of guidance personnel will improve guidance services for these pupils.

It is proposed that guidance services be provided to the non-public schools through three types of activity:

a. Teacher-training courses will be provided in four centrally located buildings by personnel of the Bureau of Educational and Vocational Guidance and the Bureau of Child Guidance for staff members of the non-public schools in five additional Brooklyn centers as requested by the non-public schools.

b. Guidance centers for the non-public schools will be set up in needed areas. These centers will provide diagnosis and treatment for individual pupils. The centers will provide assistance both in educational and emotional problems and will be appropriately staffed to handle these matters. One of the functions of the center will be to work with parents, to enlist their cooperation in promoting pupil adjustment.

c. Orientation will provide both for the staff of the non-public schools and for the professional personnel involved in the centers, designed to acquaint them with the philosophy of the programs and the needs of the population to be served. The orientation sessions were designed to be conducted jointly by personnel of the non-public schools and of the two Board of Education bureaus which are involved in this program.

5. Objectives of the Project

a. Teacher training phase of the program will be designed to stress the importance of the teacher's role in guidance and the techniques of a good mental hygiene approach for the classroom. In this regard, some of the major objectives are:

1) Helping the teacher to recognize the potential of her pupils
2) Helping the teacher to identify pupils with special needs (intellectual, physical, social or emotional)
3) Helping the teacher to establish a wholesome classroom climate

b. The establishment of clinical and guidance centers will be directed at serving the needs of children who have been identified as requiring the use of a professional staff of guidance personnel, either because of educational, social or emotional problems of adjustment, Some of the major objectives of the centers are:

1) To interview, test and screen children for
   (a) referral to outside agencies
   (b) placement in specialized program
   (c) placement within school setting
2) To make recommendations to administrators, supervisors and teachers concerning individual children's placement
3) General diagnosis of suspected maladjusted personalities
4) Screening for special classes
5) To provide ongoing services to children such as
   (a) follow-up of referrals
   (b) provision of supportive assistance
6) Working with parents to
   (a) inform them of available community resources
   (b) acquaint them with processes of physical and emotional development
   (c) enable parents to be more effective in their dealings with children

c. Orientation sessions are needed to acquaint the guidance personnel who will be working in the centers with the educational philosophy, practices, and needs of the non-public schools, to orient the staff of the non-public schools regarding the services that will be available, and to develop effective means of communication, referral, and follow-up.

6. Procedure

a. The Program. Teacher training sessions will be conducted at centers in Manhattan, Brooklyn, Bronx and Queens in accordance with local requests for them. There will be two three hour evening sessions per week. Instructors from the Bureau of Educational and Vocational Guidance and the Bureau of Child Guidance will lead the sessions at each center on alternating days of the week.

Two supervisors will orient the instructors and coordinate this program, one each from the two bureaus. Two supervisory sessions per week will be provided.

After-school guidance centers will be set up in areas where they are most needed. These will be areas of greatest concentration of disadvantaged non-public school children. Services will be provided for elementary school children, although some secondary non-public pupils may be included. The centers, housed in existing public schools, will have the services of a basic guidance team consisting of 1 center coordinator, 2 guidance counselors, 1 social worker, 1 school psychologist and 1 part-time psychiatrist for every 600 pupils or major part thereof. Smaller or larger units will be staffed on a proportional basis. Each team will serve from 1 to 3 sessions weekly, depending on the number of pupils to be served. The center coordinator will be selected jointly by the project directors from the two bureaus and may be either a counselor, a psychologist, or a social worker. Each center will require the serviees of a stenographer. Eight field supervisors of guidance counselors, 12 supervisors of psychologists, and 12 supervisors of social workers will be assigned to the program, and will be responsible directly to the program directors. Each center will operate for a period of 3 hours during the evening for a maximum of three evenings per week.

Fifty sessions of supervisory time (3 hours each) will be provided for screening, recruiting and organizing the guidance centers. In addition, fifteen sessions (3 hours each) for secretarial time will be provided. A full-time supervisor will be assigned from each of the two bureaus to coordinate the entire program; a stenographer will be provided for each.

Orientation sessions of two types will be provided. One session of three hours will be arranged for the non-public school personnel, and one session of three hours for the Bureau of Child Guidance and the Bureau of Educational and Vocational Guidance staff members who will be assigned to the guidance centers. Provision will be made for orientation sessions prior to the opening of the centers, additional orientation sessions may be provided as necessary.

b. Records and Reports: Each member of the professional guidance team will maintain a daily log of his activities which will serve as a summary of the activities carried on at the center. In addition, records of questionaires and interviews with pupils, teachers, administrators, supervisors, parents and others will be maintained.

c. Facilities: Public school plants will be utilized.

d. Evaluation: The procedures set forth below are intended for an evaluation to be carried out during the full duration of the project. However, for the school year 1965-1966, an interim evaluation will be undertaken. The Superintendent of Schools and the Board of Education believe that this program should be evaluated by an established educational research agency in order to insure maximum objectivity. Final plans for the evaluation will be submitted to the appropriate state and federal authorities.

As a guide for the evaluation of this program the following suggestions were offered: "To what extent where the centers utilized and to what extent did they provide tangible results?" This type of data will be obtained through an examination of the daily log of the professional personnel of the centers and through interviews and questionnaires with non-public school personnel, parents and pupils.

An outside evaluation team will observe the functioning of the program with a view toward providing a judgment of its effectiveness. The evaluation team members will be experienced in guidance procedures and will prepare a list of criteria against which to measure the success of the program.

7. Dissemination of Information: The information obtained in this project will be communicated to other school systems on a national basis. To this end the following media will be utilized: articles in professional journals, reports to the established Research Exchange of large city research bureaus, presentation at local and national professional conferences and conventions, and reports to pertinent state and federal agencies.

8. Integration

The non-public schools included in the program are in impacted poverty neighborhoods and contain pupils of different ethnic groups. The alleviation of social, educational and emotional difficulties will help counteract the effects of segregation.

9. Coordination with Office of Economic Opportunity

New York City Schools have cooperated with the Office of Economic Opportunity in such programs as Operation Head Start, summer recreation programs and Neighborhood Youth Corps. Such cooperation will continue during the development of this project.

10. Coordination with Other School Districts: Materials developed will be made available to other school districts.

11. Other Commitments: None

12. Budget

Total Estimated Cost

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Out-of-School Clinical and Guidance Services for Disadvantaged Pupils

APPENDIX B

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APPENDIX B

Center for Urban Education

Evaluation Committee Project VI Title I

Out-of-School Clinical and Guidance Services for Disadvantaged Pupils

List 1

Clinical and Guidance Centers with Non-Public Schools Served

Manhattan

Center	Address	Coordinator	Non-Public School
P.S. 41	116 W. 11 Street	Evelyn Schroeder	St. Luke's Episcopal
P.S. 90	228 W. 148 Street	James Konno	Resurrection
P.S. 113	240 W. 113 Street	Dr. Floyd Holley	St. Thomas the Apostle
P.S. 168	316 E. 105 Street	Peter Kollisch	St. Cecilia
P.S. 191	210 W. 61 Street	Joseph Patalano	St. Paul the Apostle

Bronx

Center	Address	Coordinator	Non-Public School
P.S. 20	1086 Fox Street	Alic Healy	St. John Chrysostom
P.S. 37	425 E. 145 Street	Stanley Weiss	St. Pius
P.S. 39	Longwood Avenue	Juliam Elsberg	St. Athanasius
P.S. 146	968 Cauldwell Avenue	Charlotte Schiff	St. Augustine

Brooklyn

Center	Address	Coordinator	Non-Public School
P.S. 3	50 Jefferson Avenue	Edward Vollins	(1) Nativity of Our Blessed Lord (2) St. Peter Claver
P.S. 8	37 Hicks Street	Catherine Mitchell	St. Charles Borromeo
P.S. 9	80 Underhill Avenue	Jane Jenkins	St. Joseph
P.S. 16	157 Wilson Street	Robert Schwimmer	Epiphany Catholic
P.S. 17	208 N. 5 Street	Jerome Spitzer	Annunciation
P.S. 18	101 Maujer Street	Shelley Toback	Immaculate Conception
P.S. 20	225 Adelphi Street	Raymond Buford	Queen of All Saints
P.S. 28	1001 Herkimer Street	Stanley Lavnick	St. Benedict
P.S. 29	425 Henry Street	Gertrude Bagen	(1) St. Peter (2) St. Paul
P.S. 30	165 Conover Street	Evelyn Lesser	Visitation of B.V.M.
P.S. 32	317 Hoyt Street	Elsie Digons	(1) Our Lady of Peace (2) St. Agnes
P.S. 37	75 S. 4 Street	Jacob Rosenberg	St. Peter and Paul
P.S. 44	432 Monroe Street	Sid Rosen	Our Lady of Victory
P.S. 45	Evergreen Avenue	Amelia Schiller	Fourteen Holy Martyrs
P.S. 46	100 Clermont Avenue	Aurelia Ferraino	Sacred Heart
P.S. 58	330 Smith Street	Shepard Hack	(1) Sacred Hearts of Jesus and Mary (2) St. Mary Star of the Sea
P.S. 59	211 Throop Street	Bernard Sheman	St. John the Baptist

List 1, continued

Center	Address	Coordinator	Non-Public School
P.S. 73	241 McDougal Street	Esther Seides	Our Lady of Lourdes
P.S. 91	E. N. Y. & Albany Aves.	Helen Ladue	St. Francis Assisi
P.S. 122	68 Harrison Street	Al Rappaport	Transfiguration
P.S. 132	320 Manhattan Avenue	Maria Petgrave	(1) St. Cecilia (2) St. Nicholas
P.S. 138	801 Park Place	Helen Griffith	(1) Epiphany Lutheran (2) St. Gregory
P.S. 157	800 Kent Place	Morris Spevack	St. Patrick
P.S. 167	1025 Eastern Parkway	Minnie Lewin	St. Matthew
P.S. 168	96 Thorp Avenue	Frank Ott	All Saints
J.H. 178	2163 Dean Street	Arthur Matisse	Our Lady of Loretto
P.S. 250	Montrose Street	Lee Sussman	Most Holy Trinity
P.S. 261	314 Pacific Street	Robert Lauer	Argyrios Fantus
P.S. 262	500 Macon Street	Joseph Paladino	Holy Rosary
P.S. 274	800 Bushwick Avenue	Veronica Mitchell	St. Mark's Lutheran
P.S. 282	180 Sixth Avenue	Kathleen McHugh	St. Augustine
P.S. 287	50 Navy Street	Phyllis Meinstein	St. James
P.S. 304	280 Hart Street	Leotta Jones	St. Ambrose
P.S. 309	794 Monroe Street	William Harley	Our Lady of Good Counsel
P.S. 316	Classon Ave. & Dean St.	Carol Wilbur	St. Theresa of Avila
Queens			
P.S. 14	107 Otis Ave., Corona	Lou Mandel	St. Leo
P.S. 36	187 Foch Blvd., St. Albans	Wolff	St. Catherine of Sienna
P.S. 48	155 108 Ave., Jamaica	Victor Dolan	St. Monica
P.S. 50	143 101 Ave., Jamaica	Herbie Hill	St. Pius V
P.S. 76	36 Tenth St., L.I.C.	Lillian Kaplan	St. Rita
P.S. 111	37 13 St., L.I.C.	Rose Gilso	St. Mary
P.S. 112	25 37 St., L.I.C.	Mary Carey	St. Patrick
P.S. 123	145 145 St., Jamaica	Charles Moosman	St. Clement Pope
P.S. 127	98 St. & 25 Ave., E. Elmhurst	Bernard Cook	St. Gabriel
P.S. 143	34 113 St., Corona	Adele Messenger	Our Lady of Sorrows
Staten Island			
P.S. 10	Mt. Loretto	Anne Lesica	St. Elizabeth
P.S. 25	Mt. Loretto	Murray Brenner	St. Aloysius

APPENDIX B

Center for Urban Education

Evaluation Committee Project VI Title I

Out-of-School Clinical and Guidance Centers for Disadvantaged Pupils

List 2

Participating Non-Public Schools

Non-Public School	Address	Principal	P.S. Center
Manhattan			
Resurrection	282 W. 15 St.	Sr. Mary Martina	90
St. Cecelia	220 E. 106 St.	Sr. Mary Frederick	168
St. Lukes (Episcopal)	487 Hudson St.	Mrs. Tayler	41
St. Paul the Apostle	124 W. 60 St.	Dr. Rose Wallace	191
St. Thomas the Apostle	155 St. Nicholas	Sr. Mary Ruth	113
Bronx			
St. Athanasius	830 Southern Blvd.	Sr. Rose	39
St. Augustine	1176 Franklin Ave.	Sr. Genevieve Miriam	146
St. John Chrysostom	1144 Hoe Ave.	Sr. Rita Rose	20
St. Pius	413 E. 144 St.	Sr. Maria Martin	37
Brooklyn			
All Saints	58 Whipple St.	S.M. Gertrude Magdalen	168
Annunciation	64 Havemayer St.	Sr. Diana Marie	17
Argyrios Fantus	195 State St.	Mrs. Athena Parassus	261
Epiphany (Catholic)	89 South 10 St.	Sr. Maria Carita	15
Epiphany (Lutheran)	721 Lincoln Place	Rev. Wm Scheimann	138
Fourteen Holy Martyrs	600 Central Ave.	Sr. Mary Maureen	45
Holy Rosary	180 Bainbridge St.	Sr. Mary Consuelo	262
Immaculate Conception	187 Leonard St.	Sr. Jeanne Ellen	18
Most Holy Trinity	140 Montrose Ave.	Sr. Irene Clair	250
Nativity of Our Blessed Lord	28 Madison St.	Sr. Mary Canisius	3
Our Lady of Good Counsel	800 Madison Ave.	Sr. Stella Maria	309
Our Lady of Loretto	2365 Pacific St.	Sr. Mary Clara	178
Our Lady of Lourdes	11 Aberdeen St.	Bro. Cyprian Zorskis	73
Our Lady of Peace	512 Carroll St.	Sr. Mary Bernice	32
Our Lady of Victory	272 Macon St.	Sr. Grace Arthur	44
Queen of All Saints	Lafayette & Vanderbilt	Sr. Dorothy Therese	20
Sacred Heart	39 Adelphi St.	Sr. Mary Emund	46
Sacred Heart of Jesus and Mary	501 Hicks Ave.	Mother Bartholomew	58
St. Agnes	421 DeGraw Ave.	Sr. Helen Bernard	32
St. Ambrose	760 DeKalb Ave.	Sr. Charles Anna	304
St. Charles Borromeo	23 Sydney Place	Sr. Mary Loretto	8
St. Bennedict	933 Herkimer St.	Sr. Mary Matthew	26
St. Cecelia	1 Monitor St.	Bro. Aloysius Michael	132
St. Francis Assisi	400 Lincoln Road	Sr. Helen Virginia	91
St. Gregory	991 St. John's Pl.	Sr. Mary Mechtilde	138

List 2, continued

Brooklyn (continued)

St. James	246 Jay St.	Sr. Mary Pius	287
St. John the Baptist	80 Lewis Ave.	Sr. Maria Daniel	59
St. Joseph	685 Dean St.	Sr. Mary James	
St. Mark's (Lutheran)	626 Bushwick Ave.	Ann Marie Zacharias	274
St. Matthew	1351 Lincoln Place	Sr. Stanislaus Marie	167
St. Mary Star of the Sea	Court & Nelson St.	Sr. M. Henry Joseph	58
St. Nicholas	287 Powers St.	Sr. Miriam Joseph	132
St. Patrick	918 Kent Ave.	Dr. Austin Gill	157
St. Paul	209 Warren St.	Sr. Francis Vincent	29
St. Peter	397 Hicks St.	Sr. Marie Frances	29
St. Peter and Paul	288 Berry St.	Sr. Bernard Loretto	37
St. Peter Claver	Claver Pl. & Jefferson Ave.	Sr. Mary Scholastica	3
St. Theresa of Avila	560 Sterling Pl.	Bro. Aidan	316
Transfiguration	250 Hooper St.	Sr. Francis Marguerite	122
Visitation of B.V.M.	94 Visitation Pl.	Sr. Agnes Therese	30

Queens

Our Lady of Sorrows	35 105 St.	Sr. Mary Dorothy	143
St. Catherine of Sienna	118 Riverton St, St. Albans	Sr. M. Rose Vera	36
St. Clement Pope	120 141 St., Jamaica	Sr. Mary Eugenie	123
St. Gabriel	97 St. & Astoria	Bro. A. Stephen	127
St. Leo	104 49 Ave.	Sr. Thomasena	14
St. Mary	10 49 Ave., L.I.C.	Mother Pius	111
St. Monica	94 160 St., Jamaica	Sr. Marie Julia	48
St. Patrick	39 28 St., L.I.C.	Sr. Mary Thomasina	112
St. Pius V	105 Liverpool St., Jamaica	Sr. Rose Georgette	50
St. Rita	36 12 St.	Sr. M. Faustina	76

Staten Island

St. Aloysius	Mt. Loretto, S.I.	Sr. Mary Juanita	10
St. Elizabeth	Mt. Loretto, S.I.	Sr. Carl Marie	25

APPENDIX B

Center for Urban Education

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Out-of-School Clinical and Guidance Centers for Disadvantaged Pupils

List 3

Supervisors of Psychologists, Center Assignments, and Non-Public Schools Served

Supervisor	Center	Non-Public School	Location
Baraz, Jerome	J. 178	Our Lady of Loretto	Brooklyn
	P. 58	Sacred Hearts of Jesus and Mary	Brooklyn
	P. 8	St. Charles Borromeo	Brooklyn
	P. 58	St. Mary Star of the Sea	Brooklyn
	P. 167	St. Matthew	Brooklyn
Johnson, Lawrence	P. 39	St. Athanasius	Bronx
	P. 113	St. Thomas the Apostle	Manhattan
Lee, Dr. Dorothy	P. 168	St. Cecilia	Manhattan
	P. 14	St. Leo	Queens
	P. 76	St. Rita	Queens
Lerner, Dr. Benjamin	P. 16	Epiphany Catholic	Brooklyn
	P. 262	Holy Rosary	Brooklyn
	P. 32	Our Lady of Peace	Brooklyn
	P. 44	Our Lady of Victory	Brooklyn
	P. 32	St. Agnes	Brooklyn
	P. 304	St. Ambrose	Brooklyn
	P. 91	St. Francis of Assisi	Brooklyn
	P. 122	Transfiguration	Brooklyn
	P. 30	Visitation	Brooklyn
Monaco, Arthur	P. 138	Epiphany Lutheran	Brooklyn
	P. 138	St. Gregory	Brooklyn
	P. 91	St. Paul the Apostle	Manhattan
	P. 90	Resurrection	Manhattan
Rose, Wallace	P. 36	St. Catherine of Sienna	Brooklyn
	P. 20	St. Chrysostom	Bronx
	P. 123	St. Clement Pope	Brooklyn
	P. 48	St, Monica	Brooklyn
	P. 37	St. Pius	Bronx
	P. 50	St. Pius V	Brooklyn
Susskind, Dr. Dorothy	P. 132	St. Cecilia	Brooklyn
	P. 41	St. Luke's Episcopal	Manhattan
	P. 132	St. Nicholas	Brooklyn

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Out-of-School Clinical and Guidance Centers for Disadvantaged Pupils

List 4

Supervisors of Social Workers, Center Assignments, and Non-Public Schools Served

Supervisor	Center	Non-Public School	Location
Brustein, Norman	P.S. 111	St. Mary	Queens
	P.S. 48	St. Monica	Queens
	P.S. 112	St. Patrick	Queens
	P.S. 76	St. Rita	Queens
Fellak, Margaret	P.S. 25	St. Aloy sius	Staten Island
	P.S. 10	St. Elizabeth	Staten Island
Rosenberg, Beatrice	P.S. 146	Resurrection	Bronx
	P.S. 39	St. Athanasius	Bronx
	P.S, 146	St. Augustine	Bronx
	P.S. 20	St. Chrysostom	Bronx
	P.S. 37	St. Pius	Bronx

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Center for Urban Education

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Out-of-School Clinical and Guidance Services for Disadvantaged Pupils

List 5

Guidance Supervisors, Center Assignments, and Non-Public Schools Served

Supervisor	Center	Non-Public School	Location
Chernow, Fred	P. 304	St. Ambrose	Brooklyn
	P. 59	St. John the Baptist	Brooklyn
Freedgood, Seymour	P. 261	Argyrios Fantus	Brooklyn
	P. 32	Our Lady of Peace	Brooklyn
	P. 32	St. Agnes	Brooklyn
	P. 282	St. Augustine	Brooklyn
Herman, Maxine	P. 39	St. Athanasius	Bronx
	P. 146	St. Augustine	Bronx
	P. 20	St. Chrysostom	Bronx
Janow, Ira	P. 112	St. Patrick	Queens
	P. 111	St. Mary	Queens
	P. 76	St. Rita	Queens
Kaplan, Donald	P. 262	Holy Rosary	Brooklyn
	P. 309	Our Lady of Good Counsel	Brooklyn
	P. 44	Our Lady of Victory	Brooklyn
Leitner, Ben	P. 36	St. Catherine of Sienna	Queens
	P. 123	St. Clement Pope	Queens
	P. 48	St. Monica	Queens
	P. 50	St. Pius V	Queens
Maresco, Rae	P. 90	Resurrection	Manhattan
	P. 37	St. Pius	Bronx
	P. 113	St. Thomas the Apostle	Manhattan
Mercurio, Carmela	P. 58	Sacred Hearts of Jesus and Mary	Brooklyn
	P. 58	St. Mary Star of the Sea	Brooklyn
	P. 29	St. Paul	Brooklyn
	P. 29	St. Peter	Brooklyn
	P. 30	Visitation	Brooklyn
Michaels, Cecilia	P. 143	Our Lady of Sorrows	Queens
	P. 127	St. Gabriel	Queens
	P. 14	St. Leo	Queens

List 5, continued

Supervisor	Center	Non-Public School	Location
Schaffner, Dorothy	P. 138	Epiphany Lutheran	Brooklyn
	P. 138	St. Gregory	Brooklyn
	P. 9	St. Joseph.	Brooklyn
	P. 167	St. Matthew	Brooklyn
Scheldon, Ethel	P. 46	Sacred Heart	Brooklyn
	P. 8	St. Charles Borromeo	Brooklyn
	P. 287	St. James	Brooklyn
Schwartz, Al	P. 91	St. Francis of Assisi	Brooklyn
	P. 3	St. Peter Claver	Brooklyn
	P. 316	St. Theresa of Avila	Brooklyn
Smith, Marlin	P. 45	Fourteen Holy Martyrs	Brooklyn
	P. 178	Our Lady of Loretto	Brooklyn
	P. 73	Our Lady of Lourdes	Brooklyn
	P. 274	St. Mark's Lutheran	Brooklyn
Seidman, Stanley	P. 168	All Saints	Brooklyn
	P. 20	Queen of All Saints	Brooklyn
	P. 157	St. Patrick	Brooklyn
Stern, Sylvia	P. 17	Annunciation	Brooklyn
	P. 16	Epiphany Catholic	Brooklyn
	P. 37	Saints Peter and Paul	Brooklyn
Unger, Myron	P. 25	St. Aloysius	Staten Island
	P. 28	St. Benedict	Brooklyn
	P. 10	St. Elizabeth	Staten Island
Zerdman, Julius	P. 168	St. Cecilia	Manhattan
	P. 41	St. Luke's Episcopal	Manhattan
	P. 191	St. Paul the Apostle	Manhattan
Zimmerman, Marvin	P. 18	Immaculate Conception	Brooklyn
	P. 250	Most Holy Trinity	Brooklyn
	P. 132	St. Cecilia	Brooklyn
	P. 132	St. Nicholas	Brooklyn
	P. 122	Transfiguration	Brooklyn

APPENDIX B

Center for Urban Education

Evaluation Committee Project VI Title I

Out-of-Schools Clinical and Guidance Services for Disadvantaged Pupils

List 6

Professional Staffs of Clinical and Guidance Centers

* Indicates Coordinator

Manhattan

P.S. 41

Bellau, Lillian, Counselor
Diamond, Anne, Counselor
Neuman, Lisa, Social Worker
* Schroeder, Emily, Counselor
Zucker, Felicia, Psychologist

P.S. 113

Brooks, Dolores, Psychologist
* Holley, Dr. Floyd, Psychologist
Marcus, Dr. Doris, Psychologist
Reiser, Lilly, Social Worker
Stein, Sadie, Counselor
Zlatchin, Esther, Counselor

P.S. 191

Bolter, Lawrence, Psychologist
Comitta, Helen, Counselor
Dick, Frances, Psychologist
Oschstein, Sonia, Social Worker
Parker, Myrtle, Counselor
* Patalano, Joseph, Social Worker

P.S. 90

Cares, Sarah, Counselor
Forte, Thomas, Counselor
Jones, Jane, Social Worker
* Konno, James, Social Worker
Madden, Richard, Psychologist

P.S. 168

Arnstein, Jacqueline, Counselor
Bachelis, Faith, Psychologist
Fenig, Clara, Counselor
Jackson, Ruth, Social Worker
* Kollesch, Peter, Social Worker
Walters, Alice, Psychologist

Bronx

P.S. 20

Balkin, Robert, Psychologist
Brathwaite, Ivy, Social Worker
Castracar, Mario, Counselor
* Healy, Alice, Counselor
Lowenthal, Carol, Counselor
Sanchez, Richard, Psychologist
Thomas, Josh, Social Worker
Waltzer, Mildren, Counselor

P. S. 39

Ascencio, Flor, Social Worker
* Elsberg, Julian, Counselor
Feldman, Morton. Psychologist
Giddings, Virginia, Counselor
Roman, Robert, Counselor
Levy, M., Psychologist

P.S. 37

Dunne, Julia, Social Worker
Hines, Laura, Psychologist
Moore, Oscar, Social Worker
Sanchez, Richard, Psychologist
Weinberg, Ruth, Counselor
* Weiss, Stanley

P.S. 146

Cohen, Mollie, Counselor
Feldman, Martin, Psychologist
Formos, Norman, Psychologist
* Schiff, Charlotte, Counselor
Shapiro, Jack, Social Worker
Steiner, Pearl, Counselor

List 6, continued

Brooklyn

P.S. 3
Hucles, Mayme, Counselor
Sanders, Leona, Psychologist
Schein, Murray, Counselor
* Vollins, Edward, Counselor
Woodson, Clara, Counselor

P.S. 9
Di Nardis, Maria, Counselor
Jacob, Sylvia, Counselor
Jenkins, Jane, Counselor

P.S. 17
Clooney, Edward, Counselor
* Spitzer, James, Counselor

P.S. 20
Borken, Althea, Counselor
* Bufford, Raymond, Counselor
Levy, Jerome, Counselor

P.S. 29
* Bagen, Gertrude, Counselor
Balnick, Murray, Psychologist
Disken, Lillian, Counselor
Kantzler, Alfred, Counselor
Kaplan, David, Social Worker
Marano, Marie, Counselor

P.S. 32
* Digons, Elsie, Counselor
Di Prima, Eleanor, Counselor
Rapaport, Rose, Counselor
Tulin, Harriet, Social Worker
Walburg, Marie, Counselor
Zimmerman, Edythe, Social Worker

P.S. 44
Feinbusch, George, Counselor
Goldman, Evelyn, Psychologist
Robinson, Olive, Social Worker
* Rosen, Sid, Counselor
West, Zelma, Counselor

P.S. 46
Bernard, Robert, Counselor
* Ferraino, Aurelia, Counselor
Hazel, Thalia, Social Worker
Robins, Shelia, Counselor

P.S. 59
Calvo, Dorothy, Counselor
Rosenthal, Joseph, Counselor
* Shaman, Bernard, Counselor

P.S. 8
Jacobs, Stanley, Psychologist
* Mitchell, Catherine, Counselor
Roberts, Dolores, Counselor
Willy, Jack, Counselor

P.S. 16
Borg, Jacob, Psychologist
Hanber, Melvin, Social Worker
Marcus, Michael, Counselor
* Schwimmer, Robert, Social Worker
Tobias, Mildred, Counselor
Weisberger, Burton, Psychologist

P.S. 18
Brancato, Raymond, Counselor
* Toback, Shelly, Counselor
Waldman, Sol, Social Worker

P.S. 28
Covello, Philip, Counselor
* Lavnick, Stanley, Counselor

P.S. 30
Cotter, William, Psychologist
Fishman, Gilbert, Counselor
* Lesser, Evelyn, Counselor
Scheiner, Saul, Social Worker
Seidman, Natalie, Counselor

P.S. 37
Ettlinger, Edythe, Social Worker
Freedman, Louis, Counselor
Rosenberg, Dr. Clara, Psychologist
* Rosenberg, Jacob, Counselor
Valenti, M., Counselor

P.S. 45
Hershkovitz, Rebecca, Counselor
Ralston, Harriet, Psychologist
* Schiller, Amelia, Counselor
Sofer, Gertrude, Counselor
Zucker, Natalia, Counselor

P.S. 58
Bischoff, Eleanor, Counselor
De Gretano, Concetta, Counselor
Diskin, Dorothy, Counselor
* Hack, Shephard, Counselor
Kosheff, Lillian, Social Worker
Ziegler, Sam, Psychologist

P.S. 73
Barone, Mario, Counselor
* Seides, Esther, Counselor

List 6, continued

P.S. 91
* La Due, Helen, Counselor
Ribner, Sol, Psychologist
Rosensweig, Carl, Social Worker
Silverfine, Edward, Counselor
Striker, Laura, Counselor
Wilkofsky, Lillian, Counselor

P.S. 132
Becker, Gertrude, Social Worker
* Petgrave, Maria, Social Worker
Ralston, Harrietta, Psychologist
Sosa, Gu, Psychologist
Stark, Calvin, Counselor
Sternberg, Jay, Counselor

P.S. 157
Archer, Wayne, Counselor
Heiman, Candice, Counselor
* Speevack, Morris, Psychologist

P.S. 168
Golden, Patricia, Counselor
Maher, Maureen, Counselor
* Ott, Frank, Counselor

P.S. 250
Colontuoni, Ralph, Counselor
Schechter, Herman, Social Worker
* Sussman, Lee, Counselor
Wexler, Theodore, Counselor
Wyden, Joyce, Psychologist

P.S. 262
James, Doris, Social Worker
Kay, Marion, Psychologist
Naro, Audrey, Counselor
* Paladino, Joseph, Counselor

P.S. 282
Conlon, Olivia, Counselor
* McHugh, Kathleen, Counselor

P.S. 304
Debnam, Margaret, Social Worker
Goodman, Sheldon, Counselor
* Jones, Leotta, Counselor
Rosenfelden, Erest, Counselor
Siegel, Milton, Psychologist

P.S. 316
Bucaria, Thomas, Counselor
Greenfield, Nathan, Counselor
* Wilbur, Carol, Counselor

P.S. 122
Golomb, Rita, Social Worker
Heifetz, Lillian, Counselor
Marocciullo, David, Psychologist
* Rappaport, Al, Counselor
Samuels, Carl, Social Worker

P.S. 138
Anello, James, Counselor
Cripper, Norma, Counselor
Hoffman, Seymour, Psychologist
* Griffiths, Helen, Counselor
Taback, Sam, Social Worker
Worner, Lillian, Counselor

P.S. 167
Becker, Martin, Counselor
Fanshel, Caroline, Counselor
Goldstein, Arnold, Psychologist
Kammett, Pauline, Social Worker
* Lewin, Minnie, Counselor
Samuel, Carl, Psychologist
Schrieve, Melvin, Counselor
Turrin, Abe, Psychologist

P.S. 261
De Julian, Evelyn, Counselor
* Lauer, Robert, Social Worker
Zucker, Rachael, Social Worker

J.H. 178
Barabosh, Claire, Psychologist
Levine, Rose, Counselor
Maneyo, Gloria, Social Worker
* Matisse, Arthur, Counselor

P.S. 274
David, Gerald, Counselor
Gordon, Patricia, Counselor
* Mitchell, Veronica, Counselor

P.S. 287
Cohen, Marvin, Counselor
* Weinstein, Phyllis, Counselor

P.S. 309
* Harley, William, Counselor
Messenberg, Roman, Social Worker
Miller, Irving, Counselor

List 6, continued

Queens

P.S. 14
Adashko, George, Counselor
Henshel, Pearl, Counselor
Linden, Eloise, Counselor
* Mandel, Lou, Social Worker
Rosenthal, David, Social Worker
Zias, Martin, Psychologist

P.S. 48
Deckert, Samuel, Counselor
* Dolan, Victor, Counselor
Mathias, Jack, Social Worker

P.S. 76
Bruce, Edythe, Social Worker
Ehrlich, Jerry, Social Worker
Gossalin, Gerald, Counselor
* Kaplan, Lillian, Counselor
Sullivan, Jane, Counselor

P.S. 112
Albro, Archer, Counselor
Alkana, Jack, Counselor
Bucklin, Geraldine, Social Worker
* Carey, Mary, Counselor
Epstein, Robert, Counselor
Grossman, Sam, Social Worker
Selignian, Abraham, Social Worker
Susser, Robert, Psychologist

P.S. 127
Bach, Carolyn, Counselor
* Cook, Bernard, Counselor
Lloyd, Dorothy, Counselor
Olson, Margery, Social Worker
Wesley, Leonard, Psychologist

P.S. 36
Bernstein, Harold, Counselor
Bernstein, Ruth, Counselor
Crawley, Gloria, Social Worker
Schultz, Seymour, Psychologist
Seigelman, Abraham, Social Worker
* Wolfe, Irene, Counselor

P.S. 50
Deps, Alma, Social Worker
* Hill, Bernie, Counselor
Jones, Helen, Social Worker
La Curto, Anthony, Counselor
Rosenblitt, William, Counselor
Sack, Daisy, Psychologist
Seifson, Seymour, Psychologist

P.S. 111
Felder, Ernest, Social Worker
* Games, Rose, Counselor
Gottleib, Albert, Counselor
Hill, Juanita, Counselor
Kaplan, Harvey, Psychologist

P.S. 123
Elfert, Dana, Psychologist
Lavender, Hyman, Counselor
Lo Sasco, Bernice, Counselor
* Moosman, Charles, Social Worker
Schaffer, Doris, Social Worker

P.S. 143
Grossman, Sam, Social Worker
* Messenger, Adele, Counselor
Rosenberg, Clara, Psychologist
Schaefer, Evelyn, Counselor
Scott, Josephine, Social Worker
Vaughn, Audrey, Counselor

Staten Island

P.S. 10
Barrett, Rex, Social Worker
* Lesica, Anne, Counselor
McArdle, Dorothy, Psychologist
Stillwell, Stanley, Counselor

P.S. 25
Boulanger, Jean, Social Worker
* Brenner, Murray, Counselor
Williamson, Margaret, Psychologist

APPENDIX B

Center for Urban Education

Evaluation Committee Project VI Title I

Out-of-School Clinical and Guidance Services for Disadvantaged Pupils

List 7

Pupil Population of Non-Public Schools

Borough	Non-Public School	Population
Manhattan	Resuurection	322
	St. Cecilia	766
	St. Luke's Episcopal	221
	St. Paul the Apostle	687
	St. Thomas the Apostle	545
Bronx	St. Athanasius	619
	St. Augustine	680
	St. John Chrysostom	978
	St. Pius	647
Brooklyn	All Saints	407
	Annunciation	379
	Argyrios Fantus	271
	Epiphany Catholic	378
	Epiphany Lutheran	185
	Fourteen Holy Martyrs	1083
	Holy Rosary	826
	Immaculate Conception	408
	Most Holy Trinity	730
	Nativity of Our Blessed Lord	696
	Our Lady of Good Counsel	724
	Our Lady of Loretto	767
	Our Lady of Lourdes	782
	Our Lady of Peace	778
	Our Lady of Victory	727
	Queen of All Saints	561
	Sacred Heart	501
	Sacred Hearts of Jesus and Mary	1167
	St. Agnes	744
	St. Ambrose	722
	St. Augustine	644
	St. Benedict	240
	St. Charles Borromeo	386
	St. Cecilia	1279
	St. Francis Assisi	897
	St. Gregory	679

List 7, continued

Borough	Non-Public School	Population
Brooklyn (continued)		
	St. James	476
	St. John the Baptist	836
	St. Joseph	624
	St. Mark's Lutheran	100
	St. Mary Star of the Sea	831
	St. Matthew	766
	St. Nicholas	463
	St. Patrick	661
	St. Paul	633
	St. Peter	447
	St. Peter and Paul	600
	St. Peter Claver	320
	St. Theresa of Avila	1292
	Transfiguration	873
	Visitation of B.V.M.	717
Queens	Our Lady of Sorrows	727
	St. Catherine of Sienna	840
	St. Clement Pope	785
	St. Gabriel	808
	St. Leo	890
	St. Mary	763
	St. Monica	337
	St. Patrick	898
	St. Pius V	600
	St. Rita	767
Staten Island	St. Aloysius	235
	St. Elizabeth	218

APPENDIX B

Out-of-School Clinical and Guidance Centers for Disadvantaged Pupils

List 8

Supplies and Equipment for Center

(1) Typewriter, Manual, Carriage 11"
(1) Typewriter Desk, Secretarial, Lockable
(1) Desk Lamp

Mimeograph paper--8½ x 11"--sub. 20#--1/2 carton
" " 8½ x 14" " " " "
Stencils Black--100 to Box--1 Box
Stylus, writing, for stencils--5
Correction Fluid, 1 oz. Bottle--2
Ink, Duplicator, Black (1 lb.)--1
Pads, White, Linen 8½ x 21"--1 pkg.
Carbon Paper 8½ x 11", Standard--2 boxes
Folders, file, Manila, Legal Size--1 Box
Guides, File, Legal Size--1 Box
Pencils, Medium #2, rubber tipped--gross
Pencils, colored, blue--1/2 gross
Pencils, colored, red--1/2 gross
Cards, 3 x 5, horizontal ruled--1000/Box
File Guides, Alphabetic, 3 x 5--5 pkgs.
Erasers, typewriter, with brush--1 box
"A Message For You" Slip, 3 x 5, 100 sheets--1 pkg.
Paper Clips, Gem, #1, 13/8" long, 100 in box, 10 pkgs.
Paper Clips, Ideal @ 2, 50 in box--5 pkgs.
Rubber bands, 2½" long--5 boxes
Tape, cellophane--1 box
Desk Stapler--5
Staples, Standard--5 boxes

2-4 drawer steel file cabinets with locks
1 - double door steel, lockable, storage cabinet
Envelopes, white wove, #10--1 box
Stamps, 2 sheets of 500

APPENDIX B

BOARD OF EDUCATION OF THE CITY OF NEW YORK
BUREAU OF SCHOOL FINANCIAL AID

Out-of-School Clinical and Guidance Centers for Disadvantaged Pupils

List 9

Psychology Supplies needed for Center

1	Stanford-Binet Scale, form L-M, Complete Kit with Manual
1	form L-M Record Booklets (35)
1	form L-M Record Forms (35)
1	Wechsler Intelligence Scale for Children
1	Package Maze Tests
2	Bender Visual Motor Gestalt Test
1	Set Bellaks Children's Apperception Test (Pictures with Manual)
1	Set Roshach Psychodiagnostic Plates
1	Package Record Blanks (35)
1	Package Location Sheets (Pad of 100)
1	Set Thematic Apperception Test (Cards with Manual)
1	Package Wide Range Achievement Test (50)
1	Manual Wide Range Achievement Test
1	Make-A-Picture Story Test (Maps), Set with Manual
1	Minnesota-Perceptodiagnostic Test
1	Kit W-57 Anton Brenner Developmental Gestalt Test of School Readiness, Kit II
1	Kit The Marianne Frostig Developmental Test of Visual Perception (Examiner's Kit)
1	each Frostig Program for Development of Visual Perception: Speciment Set, Individual Student Set, Teacher's Guide
1	I.T.P.A. Test
1	Peabody Picture-Vocabulary Test
1	Michigan Picture Test
1	Audition-Discrimination Test
1	Myklebust Language-Story Test (with Manual)
1	Meylan "Bronet" #15 S Stop Watch

Center for Urban Education

Evaluation Committee   Project VI   Title I

Out-of-School Clinical and Guidance Services for Disadvantaged Pupils

APPENDIX C

Evaluation Instruments:

1. Initial Form for Interviewing Non-Public School Principals
2. Form for Interviewing Coordinators
3. Form for Interviewing Principals
4. Guide for Interviewing Project Participants
5. Questionnaire for Non-Public School Personnel
6. Questionnaire for Center Staff Personnel
7. Follow-up Letter to Non-Public School Personnel
8. Follow-up Letter to Center Staff

APPENDIX C

Center for Urban Education

Evaluation Committee Project VI Title I

Used for Initial Interview of Selected Non-public School Principals

Form 1

1. If you could, right now without financial or administrative restrictions, decide what clinical or guidance services your school should have:
   a. What would they be?
   b. To which aspects of these services would you give priority?

2. How do you perceive the guidance and clinical program setup for your school, under Project VI?

3. What do you see as the present needs of your school in terms of guidance and clinical services?

4. How do you believe your particular school will benefit from the program?

5. What do you see as the potential benefits to your staff; what do you hope from the teacher training program?

6. What does the community in which your school is located expect from this program?

   How aware is the community?

   a. Parents
   b. Agencies

APPENDIX C

Center for Urban Education

Evaluation Committee Project VI Title I

Out-of-School Clinical and Guidance Centers for Disadvantaged Pupils

Form 2

Form for Interviewing Coordinators

Interviewer:_____ Coordinators Only Center:_______________

Date: 6- -66 Coordinator:_______________

1. How well were you oriented to this project?
   Quite well____
   Fairly well____
   Poorly_____
   Not at all____
2. How were objectives set for your Center?
   Received guide lines from project directors _____
   Set them up myself _____
   Worked them out with my staff _____
   Developed them with staff and representatives of sending schools _____.
   Combination of the above _____
3. How informed were you about your sending school(s)?
   A. Its student population (Religious, Ethnic make-up)
      Quite well_____
      Fairly well_____
      Poorly_____
      Not at all_____
4. Did Center meet needs of children referred? Yes _____ No _____
5. What has been the greatest hindrance, in your opinion, to the successful operation of this project?
6. What changes do you suggest if the project is to continue?

APPENDIX C

Center for Urban Education

Evaluation Committee   Project VI   Title I

Out-of-School Clinical and Guidance Centers for Disadvantaged Pupils

Form 3

Form for Interviewing Principals

Interviewer: ___   Principals Only   School: ________________

Date: 6-   -66   Principal: ________________

1. What help did you expect from the Center?

Help with	Yes	Rec'd Help	Helpful
a. learning disabilities	___	___	___
b. behavior problems	___	___	___
c. parent-child relationships	___	___	___
d. teacher consultation	___	___	___
e. psychological referral	___	___	___
f. social-worker consultation	___	___	___
g. ________________	___	___	___
h. ________________			

2. In general, how well has Center met your needs?

Beyond expectations ___
Very well ___
Moderately well ___
Not at all ___

3. What has been the greatest hindrance, in your opinion, to the successful operation of this project?

4. What changes do you suggest if the project is to continue?

APPENDIX C

Center for Urban Education

Evaluation Committee Project VI Title I

Out-of-School Clinical and Guidance Services for Disadvantaged Pupils

Form 4

Guide for Interviewing Project Participants

Center: P.S. ______
Sending School(s): ______
Date: 6- -66
Interviewee: ______
Interviewer: ______ (initials)
Position: ______ (Coord. Princ. G.C.)

I. 1. What is your general impression of the project?

Very Favorable ____
Favorable ____
Negative ____
Very Negative ____

2. Did the sending school(s) make use of the services provided at the Center?

Extensively ____
A fair amount ____
Very little ____
Not at all ____

3. Did the Center provide variety of guidance and clinical services?

A great many ____
Many ____
A few ____

4. Did the Center meet the needs of the children referred?

Most ____
Some ____
Almost none ____

II. What was the quality of articulation between the Center and the sending school(s)?

5. Communication between Center staff and school staff:

Excellent ____
Good ____
Fair ____
Poor ____

6. Referral Procedures:

Excellent ____
Good ____
Fair ____
Poor ____

7. Record Keeping:

Excellent ____
Good ____
Fair ____
Poor ____

8. Follow-up of cases:

Excellent ____
Good ____
Fair ____
Poor ____

9. How would you rate the overall articulation?

Excellent ____
Good ____
Fair ____
Poor ____

Form 4, continued

III. What is your evaluation of the the services provided by the Center?

10. Very successful ____
Moderately successful ____
Unsuccessful ____
Not provided ____
Not requested ____

11. Testing children:
Very helpful ____
Fairly helpful ____
Unhelpful ____
Not provided ____
Not requested ____

12. Diagnosing problems of children and suggesting remedies:
Very helpful ____
Fairly helpful ____
Unhelpful ____
Not provided ____
Not requested ____

13. Consultation with teachers:
Very helpful ____
Fairly helpful ____
Unhelpful ____
Not provided ____
Not requested ____

14. Consultation with parents:
Very helpful ____
Fairly helpful ____
Unhelpful ____
Not provided ____
Not requested ____

15. How did the children react to the services given?
Favorably ____
Cooperatively ____
Willingly because expected ____
Resistently ____

16. How did the parents react to the services given?
Favorably ____
Cooperatively but cautiously __
Willingly because expected ____
Resistently ____

17. How did teachers react to the services given?
Favorably ____
Cooperatively ____
Disinterestedly ____
Resistently ____

IV. What is your perception of the adequacy of the Center in regard to:

18. Physical facilities?
Excellent ____ Fair ____
Good ____ Poor ____

19. Supplies and equipment?
Excellent ____ Fair ____
Good ____ Poor ____

20. Location in regard to sending school population?
Excellent ** ____
O.K. ____
Poor ____

V. Staffing

21. Qualifications of the staff:
Excellent ____ Fair ____
Good ____ Poor ____

22. Cooperation of the staff:
Excellent ____ Fair ____
Good ____ Poor ____
Cannot judge ____

23. Adequacy of the staff in regard to operating a guidance and clinical center:
Excellent ____
Incomplete ____
Poor ____
Cannot judge ____

APPENDIX C

Center for Urban Education

Evaluation Committee Project VI Title I

Out-of-School Clinical and Guidance Services for Disadvantaged Pupils

Form 5

Questionnaire for Non-Public School Personnel

The following questionnaire has been constructed to obtain the reactions to the clinical and guidance services rendered by the Board of Education of the City of New York under Title I. In evaluating responses we are keeping in mind the fact that this program has been in existence for a short time.

The questionnaire has been structured for ease of responding. The areas covered have been suggested by preliminary interviews with staff members of sending schools and centers.

Please check "yes" or "no" for each item. Space has been provided for any comment you wish to make.

Name: ____________________ School: ____________________

Position: ____________________ Grade level: ____________________

I. What was the nature of your contact with the center staff?

a. Did you visit the center: 1) prior to its opening? Yes__ No__
2) while in operation? Yes__ No__

b. Have you had personal contact with center staff members? Yes__ No__

c. If so, was this contact, 1) prior to its opening? Yes__ No__
2) while in operation? Yes__ No__

d. Did you make any referrals to the center? Yes__ No__

e. Were your referrals acted upon? Yes__ No__

f. Were you able to make referrals with a minimum amount of paper work? Yes__ No__

g. Was the center able to provide services for all children you wished to refer? Yes__ No__

h. Did you receive any reports or interpretations of reports about your pupils from the center? Yes__ No__

1) If so, were these reports: Oral___ Written___
2) If you received reports did you find them helpful? Yes__ No__

i. Were you able to perceive any changes in the students that you sent to the center? Yes__ No__

j. Did you perceive that the center staff understood your school and the needs of your pupils? Yes__ No__

Form 5, continued

II. What is your perception of the working environment of the center?

a. Were the hours of operation conducive to effective contact with:
    1) your pupils? Yes__ No__
    2) the parents of your pupils?
    3) yourself?

b. Would the center have been more effective had it operated:
    1) during school hours? Yes__ No__
    2) immediately after school hours? Yes__ No__

c. Did the center's location facilitate contact with prospective clients? Yes__ No__

d. Would the services have been more effective if they were provided in the sending school? Yes__ No__

III. What is your perception of the Teacher Training Program?

a. Were you aware that this program was available? Yes__ No__

b. Were you able to participate in this program? Yes__ No__

c. If you participated in this program, did you find it helpful in furthering your understanding of children? Yes__ No__

d. Has your participation in this program affected any change in your teaching? Yes__ No__

e. Would you recommend that your colleagues participate in this kind of in-service course? Yes__ No__

IV. What is your overall evaluation of this project?

a. Were the clinical and guidance needs of the pupils in your school met by the center? Yes__ No__

b. Did the center make the contribution that you anticipated:
    1) to parents? Yes__ No__
    2) to children? Yes__ No__

c. Did your school make extensive use of the services available at the center? Yes__ No__

d. Would you recommend continuation of this program?
    1) under the present procedures? Yes__ No__
    2) under revised procedures? Yes__ No__

e. What revisions would you suggest?

f. What do you see as the major advantages and disadvantages of the center program?

THANK YOU FOR HELPING TO MAKE THIS STUDY A SUCCESS!

APPENDIX C

Center for Urban Education

Evaluation Committee Project VI Title I

Out-of-School Clinical and Guidance Services for Disadvantaged Pupils

Form 6

Questionnaire for Center Staff Personnel

The following questionnaire has been constructed to obtain reactions to the clinical and guidance services rendered by the Board of Education of the City of New York under Title I. In evaluating responses, we are keeping in mind the fact that this program has been in existence for a short time.

The questionnaire has been structured for ease of responding. The areas covered have been suggested by preliminary interviews with staff members of sending schools and centers.

Please check "yes" or "no" for each item. Space has been provided for any comment you wish to make.

Name:____________________ Center Location:________________

Position in the Center:________________

I. What is the nature of your contact with the sending school(s)?

- a. Have you visited the sending school(s)? Yes__ No__
- b. Have you had personal contact with staff members of sending school(s)? Yes__ No__
  - 1) If so, with principals __ with teachers __
  - 2) Was this contact ongoing? Yes__ No__
- c. Have you had personal contact with pupils' parents? Yes__ No__
- d. Have you had access to the school records of the sending schools? Yes__ No__
  - 1) If so, were these records:
    - a) Seen at the sending school? Yes__ No__
    - b) Seen in the center? Yes__ No__
  - 2) Have you found these records helpful? Yes__ No__
- e. Did you perceive that the sending school understood the purposes of the center? Yes__ No__
- f. Were you able to follow-up the results of your work with the staff of the sending school(s)? yes__ No__

II. What is your perception of the working conditions of the Center?

- a. Did you have sufficient time to work with children? Yes__ No__

Form 6, continued

b. Were the hours of operation conducive to effective contacts with:
1) Parents? Yes__ No__
2) Children? Yes__ No__
3) Staff of Sending School(s)? Yes__ No__

c. Would the center have been more effective had it operated:
1) during school hours? Yes__ No__
2) immediately after school hours? Yes__ No__

d. Did the center's location facilitate contact with prospective clients? Yes__ No__

e. Would the services have been more effective if they were provided in the sending school(s)? Yes__ No__

f. Were the physical facilities conducive to a good working environment? Yes__ No__

g. Was the equipment needed available for use? Yes__ No__

II. What is your perception of the staff relationships of center?

a. Were you aware of the purposes of the center prior to its opening? Yes__ No__

b. Were your duties at the center clearly defined? Yes__ No__

c. Did you have time for consultation with other members of the staff? Yes__ No__

d. Did you find the professional staff cooperative? Yes__ No__

e. Was supervisory consultation available on a regular basis? Yes__ No__

f. Was your center adequately staffed? Yes__ No__
If not, what additional staffing was needed?

IV. What is your overall evaluation of this project?

a. Were you able to make the contribution that you had anticipated:
1) to parents? Yes__ No__
2) to children? Yes__ No__

b. Did the sending school(s) make extensive use of your program? Yes__ No__

c. Would you recommend a continuation of this program:
1) under the present procedures? Yes__ No__
2) under revised procedures? Yes__ No__

d. What revisions would you suggest?

e. What do you see as the major advantages and major disadvantages of the center's program?

THANK YOU FOR HELPING TO MAKE THIS STUDY A SUCCESS!

APPENDIX C

Follow-up Letter to Non-Public Schools

Form 7

CENTER FOR URBAN EDUCATION
33 West 42 Street / New York City / 10036 244-0300

July 20, 1966

Dear

A questionnaire was sent to you in June concerning Clinical and Guidance Services (including a teacher training program) offered to your school through Project VI, Title I of the Elementary and Secondary Education Act of 1965.

The data from this questionnaire are to be used as part of the evaluation mandated by the Congress for all projects under this act and it is, therefore, important that every non-public school participating in the project respond to it.

Will you please return the completed questionnaire immediately? If the questionnaire has been misplaced, please call the Center for Urban Education, 33 West 42nd Street, New York, New York, Area Code 212, 244-03000, ext. 79, and a replacement will be sent to you.

Sincerely,

JK:cn

Joseph Krevisky
Research Coordinator

cc: Dr. D. D. Sebald

APPENDIX C

Follow-up Letter to Center Staffs

Form 8

BOARD OF EDUCATION OF THE CITY OF NEW YORK
110 Livingston Street, Brooklyn, N. Y.
Bureau of Educational and Vocational Guidance
596-6160

Daisy K. Shaw
Director

Clara G. Blackman
Assistant Director

July 21, 1966

Dear Center Coordinator:

We were glad that you were able to serve as a coordinator of one of our evening guidance centers for the non-public school pupils. From your reports to us most of you seem to have felt that this was a gratifying experience.

As you are aware, the evaluation of this program by the Center for Urban Education is a mandated part of the program for which we must require your cooperation.

The enclosed questionnaire has been sent to some but perhaps not to all of you before now. We are concerned that a considerable number have not been returned and therefore we are failing to fulfill our part of our obligation of evaluation. This evaluation will, we know be productive and helpful to us only if we have your cooperation. Will you, therefore, take time out as soon as you receive this questionnaire to complete it and return it to:

Center for Urban Education
33 West 42nd Street
New York, N. Y. 10036
Attention: Dr. Dorothy Davis Sebald

Thank you for having served and for your continuing interest.

Sincerely,

Daisy K. Shaw
Director

Prepared by: Marion A. Fullen

Center for Urban Education

Evaluation Committee Project VI Title I

Out-of School Clinical and Guidance Services for Disadvantaged Pupils

APPENDIX D

Tables:

1. Responses of Coordinators Compared by Background
2. Responses of Coordinators Who Stated that Their Duties Were Clearly Defined and of the Remaining Coordinators
3. Responses of Coordinators Who Visited the Sending School and of Those Who Did Not
4. Responses of Guidance Counselors, Social Workers and Psychologists on Center Staffs
5. Responses of All Center Staff Members Other than Coordinators and of All Other Center Personnel Combined
6. Responses of Supervisors
7. Responses of Non-Public School Principals and Teachers
8. Responses of Principals Who Visited the Centers during Operation and of Those Who Did Not

TABLE 1

Responses of Coordinators Compared by Background and of all Coordinators Combined

	Percentages of Coordinators *					
	By Background				Combined	
Questionnaire Items:	Counselor N=27		Clinical N=9		N=36	
Relation with Sending School	Yes	No	Yes	No	Yes	No
1. Visited sending school	59	41	56	44	58	42
2. Had personal contact with staff members of sending school:	100	0	100	0	100	0
principals	7		11		8	
teachers	0		0		0	
both	89		89		89	
3. Contact was ongoing	96	4	100	0	97	3
4. Had personal contact with parents	96	4	100	0	97	3
5. Had access to school records:	33	67	33	67	33	67
in sending school	7	30	11	22	8	28
in the center	30	11	22	22	28	14
6. Found records helpful	37	7	33	0	36	6
7. Sending school understood purposes of the center	82	7	100	0	86	6
8. Was able to follow up the center's work with sending school staff	82	14	78	22	81	17
Conditions of the Center						
1. Had sufficient time to work with children	89	7	56	33	81	14
2. Center hours were conducive to effective contacts with:						
parents	74	18	89	11	78	17
children	67	26	67	22	67	25
sending school staff	48	41	33	67	44	47
3. Center services would have been more effective if provided:						
during school hours	44	30	56	22	47	28
immediately after school hours	59	37	67	22	61	33
4. Center location facilitated contact with prospective clients	78	18	78	22	78	19
5. More effective services if provided in sending school	74	11	89	11	78	11

Table 1, continued

	Yes	No	Yes	No	Yes	No
6. Physical facilities were conducive to a good working envirnment	78	22	56	44	72	28
7. Needed equipment was available	37	52	11	89	31	61
Center Staff						
1. Was aware of the purposes of center prior to its opening	93	7	89	11	92	8
2. Duties at center were defined clearly	67	33	11	89	53	47
3. Had time for consultation with other staff members	85	15	100	0	89	11
4. Found professional staff cooperative	100	0	100	0	100	0
5. Supervisory consultation was available on regular basis	93	7	56	44	83	17
6. Center was adequately staffed	41	56	56	44	44	53
Overall Evaluation						
1. Was able to make contribution anticipated to: parents	82	11	100	0	86	8
children	82	7	89	11	83	8
2. Sending school made extensive use of center's program	78	18	78	11	78	17
3. Recommend a continuation of the program under:						
present procedures	37	26	22	33	33	28
revised procedures	70	7	78	11	72	8

*NOTE: Where the two percentages for a group do not add to 100%, the missing percentage represents persons who did not respond to the item.

TABLE 2

Responses of Coordinators Who Stated that Their Duties Were Defined Clearly and of the Remaining Coordinators

Questionnaire Items:	Percentages of Coordinators Stating Their Duties*			
	Defined N=19		Undefined N=17	
Relations with Sending School	Yes	No	Yes	No
1. Visited sending school	63	37	53	47
2. Had personal contact with staff members of sending school:	100	0	100	0
principals	5		12	
teachers	0		0	
both	90		88	
3. Contact was ongoing	95	5	100	0
4. Had personal contact with parents	100	0	94	6
5. Had access to school records:	37	63	29	71
in sending school	10	26	6	29
in the center	26	10	29	18
6. Found records helpful	37	10	35	0
7. Sending school understood purposes of center	90	5	82	6
8. Was able to follow up the center's work with sending school staff	79	21	82	12
Conditions of the Center				
1. Sufficient time to work with children	90	5	71	24
2. The hours of operation were conducive to effective contacts with: parents	74	26	82	6
children	68	26	65	24
sending school staff	42	47	47	47
3. Center would have been more effective:				
during school hours	53	32	41	24
immediately after school hours	58	42	65	24
4. Center location facilitated contact with prospective clients	79	21	76	18
5. Center services would have been more effective if provided in sending school	63	21	94	0
6. Physical facilities were conducive to a good working environment	68	32	76	24
7. Needed equipment was available	42	47	18	76

TABLE 2

Responses of Coordinators Who Stated that Their Duties Were Defined Clearly and of the Remaining Coordinators

Questionnaire Items:	Percentages of Coordinators Stating Their Duties*			
Relations with Sending School	Defined N=19		Undefined N=17	
	Yes	No	Yes	No
1. Visited sending school	63	37	53	47
2. Had personal contact with staff members of sending school:	100	0	100	0
principals	5		12	
teachers	0		0	
both	90		88	
3. Contact was ongoing	95	5	100	0
4. Had personal contact with parents	100	0	94	6
5. Had access to school records:	37	63	29	71
in sending school	10	26	6	29
in the center	26	10	29	18
6. Found records helpful	37	10	35	0
7. Sending school understood purposes of center	90	5	82	6
8. Was able to follow up the center's work with sending school staff	79	21	82	12
Conditions of the Center				
1. Sufficient time to work with children	90	5	71	24
2. The hours of operation were conducive to effective contacts with: parents	74	26	82	6
children	68	26	65	24
sending school staff	42	47	47	47
3. Center would have been more effective:				
during school hours	53	32	41	24
immediately after school hours	58	42	65	24
4. Center location facilitated contact with prospective clients	79	21	76	18
5. Center services would have been more effective if provided in sending school	63	21	94	0
6. Physical facilities were conducive to a good working environment	68	32	76	24
7. Needed equipment was available	42	47	18	76

Table 2, continued

	Yes	No	Yes	No
Center Staff				
1. Was aware of the purpose of Center prior to its opening	95	5	88	12
2. Duties at the center were defined clearly	100	0	0	100
3. Had time for consultation with other staff members	100	0	76	24
4. Found professional staff cooperative	100	0	100	0
5. Supervisory consultation was available on regular basis	100	0	65	35
6. Center was adequately staffed	53	47	35	59
Overall Evaluation				
1. Was able to make contribution anticipated to: parents	84	10	88	6
children	79	10	88	6
2. Sending school made extensive use of center's program	74	21	82	12
3. Recommend a continuation of the program under: present procedures	37	32	29	24
revised procedures	74	5	71	12

*NOTE: Where the two percentages for a group do not add to 100%, the missing percentage represents persons who did not respond to the item.

TABLE 3

Responses of Coordinators Who Visited Their Sending Schools and of Those Who Did Not

Questionnaire Items:	Percentages of Coordinators*			
	Visited N=21		Did Not Visit N=15	
Relations with Sending School	Yes	No	Yes	No
1. Visited sending school	100	0	0	100
2. Had personal contact with staff members of sending school:	100	0	100	0
principals	10		7	
teachers	0		0	
both	90		87	
3. Contact was ongoing	100	0	93	7
4. Had personal contact with parents	95	5	100	0
5. Had access to school records:	43	57	20	80
in sending school	14	29	0	27
in the center	29	19	27	7
6. Found records helpful	43	5	27	7
7. Sending school understood purposes of the Center	76	10	100	0
8. Was able to follow up center's work with sending school staff	76	19	87	13
Conditions of the Center				
1. Had sufficient time to work with children	81	10	80	20
2. Hours of operation were conducive to effective contacts with:				
parents	76	19	80	13
children	57	29	80	20
sending school staffs	38	48	53	47
3. Center would have been more effective:				
during school hours	33	33	67	20
immediately after school hours	67	33	53	33
4. Center location facilitated contact with prospective clients	76	19	80	0
5. Center services would have been more effective if provided in sending school	76	24	67	33

Table 3, continued	Yes	No	Yes	No
6. Physical facilities were conducive to a good working environment	76	24	67	33
7. Needed equipment was available	33	52	27	73
Center Staff				
1. Was aware of purpose of the Center prior to its opening	95	5	87	13
2. Duties at the center were defined clearly	57	43	47	53
3. Had time for consultation with other staff members	90	10	87	13
4. Found professional staff cooperative	100	0	100	0
5. Supervisory consultation was available on regular basis	90	10	73	27
6. Center was adequately staffed	43	52	47	53
Overall Evaluation				
1. Was able to make contribution anticipated to: parents	86	10	87	7
children	86	5	80	13
2. Sending school made extensive use of center's program	76	14	80	20
3. Recommend a continuation of the program under:				
present procedures	43	19	20	40
revised procedures	62	14	87	0

*NOTE: Where the two percentages for a group do not add to 100%, the missing percentage represents persons who did not respond to the item.

TABLE 4

Responses of Guidance Counselors, Social Workers and Psychologists on Center Staffs

Questionnaire Items:	*Percentages of					
	Guidance Counselors N=45		Social Workers N=33		Psychologists N=27	
Relations with Sending School	Yes	No	Yes	No	Yes	No
1. Visited sending school	16	84	15	85	18	82
2. Had personal contact with staff members of sending school:	93	7	85	15	70	30
principals	16		9		11	
teachers	4		21		18	
both	76		55		44	
3. Contact was ongoing	80	16	61	27	30	44
4. Had personal contact with parents	98	--	94	3	85	11
5. Had access to school records:	18	78	27	73	37	63
in sending school	2	27	3	12	4	26
in the center	22	11	24	6	37	7
6. Found records helpful	24	11	33	9	37	7
7. Sending school understood purposes of the center	84	7	58	24	56	22
8. Was able to follow up center's work with sending school staff	64	27	52	42	48	48
Conditions of the Center						
1. Had sufficient time to work with children	82	9	76	18	78	18
2. Hours of operation were conducive to effective contacts with: parents	76	20	85	12	78	11
children	64	36	58	36	63	33
sending school staff	51	44	39	48	33	59
3. Center would have been more effective:						
during school hours	22	47	36	33	41	44
immediately after school hours	58	24	48	33	52	37
4. Center location facilitated contact with prospective clients	62	36	79	18	63	30

Table 4, continued

	Yes	No	Yes	No	Yes	No
5. Center services would have been more effective if provided in sending school	60	38	76	12	67	30
6. Physical facilities were conducive to a good working environment	60	38	54	42	56	37
7. Needed equipment was available	38	58	36	61	7	93
Center Staff						
1. Was aware of purposes of Center prior to its opening	84	16	82	18	67	30
2. Duties at the center were defined clearly	82	18	42	58	41	56
3. Had time for consultation with other staff members	91	7	91	9	85	11
4. Found professional staff cooperative	93	4	97	3	96	0
5. Supervisory consultation was available on regular basis	87	13	42	54	63	37
6. Center was adequately staffed	53	40	52	39	67	30
Overall Evaluation						
1. Was able to make the contribution anticipated to: parents	71	22	73	18	59	26
children	69	22	54	33	67	22
2. Sending school made extensive use of center's program	67	29	52	46	52	30
3. Recommend a continuation of the program under: present procedures	40	36	30	27	33	41
revised procedures	82	4	76	9	93	4

*NOTE: Where the two percentages for a group do not add to 100%, the missing percentage represents persons who did not respond to the item.

TABLE 5

Responses of All Center Staff Members Other Than Coordinators and of All Center Personnel Combined

Questionnaire Items:	* Percentages of			
	Staff Members N=105		All Center Personnel N=141	
	Yes	No	Yes	No
Relations with Sending School				
1. Visited sending school	16	84	26	73
2. Had personal contact with staff members of sending school:	85	15	87	11
principals	13		10	
teachers	12		11	
both	61		68	
3. Contact was ongoing	61	27	70	21
4. Had personal contact with parents	93	4	95	3
5. Had access to school records:	26	72	28	71
in sending school	3	22	4	23
in the center	27	9	28	10
6. Found records helpful	30	10	32	9
7. Sending school understood purposes of the center	69	16	73	13
8. Was able to follow up center's work with sending school staff	56	37	62	32
Conditions of the Center				
1. Had sufficient time to work with children	79	14	80	14
2. Hours of operation were conducive to effective contacts with:				
parents	79	15	79	16
children	62	35	63	33
sending school staff	43	50	43	49
3. Center would have been more effective:				
during school hours	31	42	35	48
immediately after school hours	53	30	55	31
4. Center location facilitated contact with prospective clients	68	29	70	26
5. Center services would have been more effective if provided in sending school	68	29	70	26

Table 5, continued	Yes	No	Yes	No
6. Physical facilities were conducive to a good working environment	57	39	61	36
7. Needed equipment was available	30	68	30	66
Center Staff				
1. Was aware of purposes of the center prior to its opening	79	20	82	17
2. Duties at the center were defined clearly	59	40	57	42
3. Had time for consultation with other staff members	89	9	89	9
4. Found professional staff cooperative	95	3	97	2
5. Supervisory consultation was available on regular basis	67	32	71	28
6. Center was adequately staffed	56	37	53	41
Overall Evaluation				
1. Was able to make contribution anticipated to:				
parents	69	20	73	18
children	64	26	69	21
2. Sending school made extensive use of center's program	58	34	63	30
3. Recommend a continuation of the program under:				
present procedures	35	34	35	32
revised procedures	83	6	80	6

*NOTE: Where the two percentages for a group do not add to 100%, the missing percentage represents persons who did not respond to the item.

TABLE 6

Responses of Supervisors

Questionnaire Items:	Percentages of Supervisors N=12		
	Yes	No	No Response
Relations with Sending School			
1. Visited sending school	8	75	17
2. Had personal contact with staff members of sending school: principals	17		
teachers	33		
both	33		
3. Contact was ongoing	33	50	17
4. Had personal contact with parents	25	50	25
5. Had access to school records:	25	67	8
in sending school	0	33	67
in the center	25	8	67
6. Found records helpful	25	0	75
7. Sending school understood purposes of the center	42	17	42
8. Was able to follow up the center's work with the sending school staff	33	33	33
Conditions of the Centers			
1. Had sufficient time to work with children	42	0	58
2. Hours of operation were conducive to effective contacts with: parents	67	0	33
children	50	25	25
sending school staff	33	42	25
3. Center would have been more effective:			
during school hours	58	17	25
immediately after school hours	67	8	25
4. Center location facilitated contact with prospective clients	67	25	8
5. Center services would be more effective if provided in sending school	67	0	33
6. Physical facilities were conducive to a good working environment	58	25	17
7. Needed equipment was available	17	75	8

Table 6, continued

	Yes	No	No Response
Center Staff			
1. Was aware of purposes of the center prior to its opening	75	8	17
2. Duties at the center were defined clearly	50	25	25
3. Had time for consultation with other staff members	58	25	17
4. Found the professional staff cooperative	83	0	17
5. Supervisory consultation was available on regular basis	67	0	33
6. Center was adequately staffed	25	50	25
Overall Evaluation			
L. Was able to make the anticipated contribution to: parents	33	8	58
children	25	8	67
2. Sending school made extensive use of center's program	42	25	33
3. Recommend a continuation of the program under: present procedures	25	17	58
revised procedures	67	0	33

TABLE 7

Responses of Non-Public School Principals and Teachers

Questionnaire Items:	Percentages of Principals N=46			Teachers N=66		
Contact with Centers	Yes	No	NR*	Yes	No	NR*
1. Visited center:						
prior to its opening	63	33	4	38	58	4
during operation	50	48	2	50	46	4
2. Had personal contact with center staff:	94	6	--	65	30	4
prior to center opening	74	13	13	38	26	36
during operation	78	9	13	56	18	26
3. Made referrals to the center	96	4	--	77	18	4
4. Referrals were acted upon	94	4	2	77	4	18
5. Referrals required minimum of paper work	87	6	6	79	6	15
6. Center provided services for all children which school wished to refer	54	39	6	54	29	17
7. Received reports about referred children from the center	65	22	13	50	36	14
8. Reports were helpful	59	4	37	44	4	52
9. Perceived changes in pupils referred	24	44	33	24	54	21
10. Center staff understood the school and the needs of the pupils	76	6	17	73	4	23
Center Conditions						
1. Center hours were conducive to effective contact with: pupils	46	48	6	47	41	12
parents	72	17	11	61	29	11
non-public school staff	33	61	6	41	47	12
2. Center services would be more effective:						
during school hours	65	30	4	52	32	17
immediately after school hours	30	28	41	30	35	35

Table 7, continued

	Yes	No	NR*	Yes	No	NR*
3. Center location facilitated contact with prospective clients	52	33	15	59	32	9
4. Services would be more effective if provided in sending school	83	11	6	82	12	6
Teacher Training Program						
1. Was aware program was available	91	4	4	91	4	4
2. Was able to participate in program	30	63	6	52	42	6
3. Found it helpful in understanding children	26	0	74	52	2	47
4. Participation effected some change in teaching	15	13	72	36	17	47
5. Recommend this kind of program for colleagues	58	0	41	62	0	38
Overall Evaluation of Project						
1. Needs of pupils met by the center	56	22	22	46	24	30
2. Center made anticipated contribution to: parents	65	15	20	58	15	27
children	65	20	15	56	17	27
3. School made extensive use of services availalbe at the center	52	33	15	59	29	12
4. Recommend continuation of the program under: present procedures	20	28	52	18	32	50
revised procedures	78	6	15	77	2	21

*NR - No response

TABLE 8

Responses of Principals Who Visited Their Centers During Operation and of Those Who Did Not

	*Percentages of Principals			
Questionnaire Items:	Visited N=23		Did Not Visit N=22	
Contact with Centers	Yes	No	Yes	No
1. Visited Center: prior to its opening	65	26	59	41
during operation	100	0	0	100
2. Had personal contact with center	100	0	86	14
staff: prior to its opening	70	17	77	9
during operation	96	0	59	18
3. Made referrals to the center	100	0	91	9
4. Referrals were acted upon	96	4	91	4
5. Referrals requirred minimum paper work	91	4	82	9
6. Center provided services for all children which school wished to refer	56	43	54	32
7. Received reports about referred children from the center	78	4	50	41
8. Reports were helpful	74	4	41	4
9. Perceived changes in pupils referred	35	39	14	50
10. Center staff understood the school and the needs of the pupils	91	4	59	9
Center Conditions				
1. Center hours were conducive to effective contact with: pupils	56	39	36	54
parents	83	13	59	23
principals	44	56	23	64
2. Center services would be more effective if provided:				
during school hours	56	44	73	18
immediately after school hours	35	44	23	14
3. Center location facilitated contact with prospective clients	65	22	41	41
4. Services would be more effective if provided in sending school	74	22	91	0

Table 8, continued

	Yes	No	Yes	No
Teacher Training Program				
1. Was aware program was available	87	9	96	0
2. Was able to participate in program	44	52	18	73
3. Found it helpful in understanding children	39	0	14	0
4. Participation effected some change in teaching	17	22	14	4
5. Recommend this kind of program for colleagues	65	0	54	0
Overall Evaluation of Project				
1. Needs of pupils met by center	65	26	50	18
2. Center made anticipated contribution to: parents	74	17	54	14
children	78	17	50	23
3. School made extensive use of services available at the center	61	30	46	36
4. Recommend continuation of the program under: present procedures	30	22	9	36
revised procedures	78	9	82	4

*NOTE: Where the two percentages for a group do not add to 100%, the missing percentage represents persons who did not respond to the item.

Center for Urban Education

Evaluation Committee Project VI Title I

Out-of-School Clinical and Guidance Centers for Disadvantaged Pupils

APPENDIX E

1. Tentative Evaluating Plan - May 20, 1966
2. Agenda for Evaluation Committee - Meeting, June 20, 1966
3. Evaluation Report Outline - Suggestions by Dr. Brown

APPENDIX E

Center for Urban Education

Evaluation Committee Project VI Title I

Out-of School Guidance and Clinical Services for Disadvantaged Pupils

Tentative Evaluation Plan--May 20, 1966

Submitted to Co-directors of Project

1. Interviewing principals of selected non-public schools to sample expectations for Center offerings, to sample the perceived needs of pupils in the non-public schools, to sample knowledge of the offerings of the clinical and guidance services available at the Centers, to sample parental and community awareness of the Centers, and to sample expected outcomes of participation in Centers.

2. Interviewing the staffs of 18 selected Centers. These interviews would be held with coordinators, psychologists, social workers and guidance counselors. The purpose of these interviews would be to sample evaluations of the Centers by those persons directly involved in their operation.

3. Interviewing of supervisors from selected districts for their evaluation of the Centers for which they had responsibility.

4. Survey by questionnaire of all Centers and of all sending schools for evaluation of services provided to sending schools.

5. Analysis of statistical data provided by Board of Education personnel:

   a. number of Centers proposed at opening of Centers
   b. number of Centers actually in operation
   c. reasons for closing of Centers
   d. Staff, with position, for each Center
   e. number of children serviced at each Center with service provided (clinical, social service, guidance or combination of these) and number of contacts for each child
   f. number of parents interviewed at each Center, with service provided and number of contacts for each parent
   g. description of services provided
   h. number of contacts at each Center with staff members of sending schools.

6. Survey of principals of non-public schools for evaluation of services provided by Centers.

7. Survey of staff members of non-public schools for evaluation of services provided by Centers.

FORMAT OF EVALUATION TO BE DETERMINED BY CENTER FOR URBAN EDUCATION

APPENDIX E

CENTER FOR URBAN EDUCATION

Project VI, entitled: "Out-of-School Guidance Centers for Disadvantaged Pupils in Non-Public Schools"

Meeting of Evaluation Committee

Monday, 20 June 1966

AGENDA

1. Review of evaluation to date.
2. Outline of evaluation design - oral report.
3. Review of survey questionnaire to be sent to Center staffs.
4. Review of survey questionnaire to be sent to principals and staffs of sending schools.
5. Discussion of emerging patterns in evaluation.
6. Suggestions for factors to be included in evaluation.

APPENDIX E

Center for Urban Education

Evaluation Committee Project VI Title I

Out-of-School Clinical and Guidance Centers for Disadvantaged Pupils

EVALUATION REPORT OUTLINE

Delineated by Nathan Brown

I. Restatement of Project Description

II. Statement of Objectives of Evaluation

III. Description of Methodology

IV. Findings and Recommendations